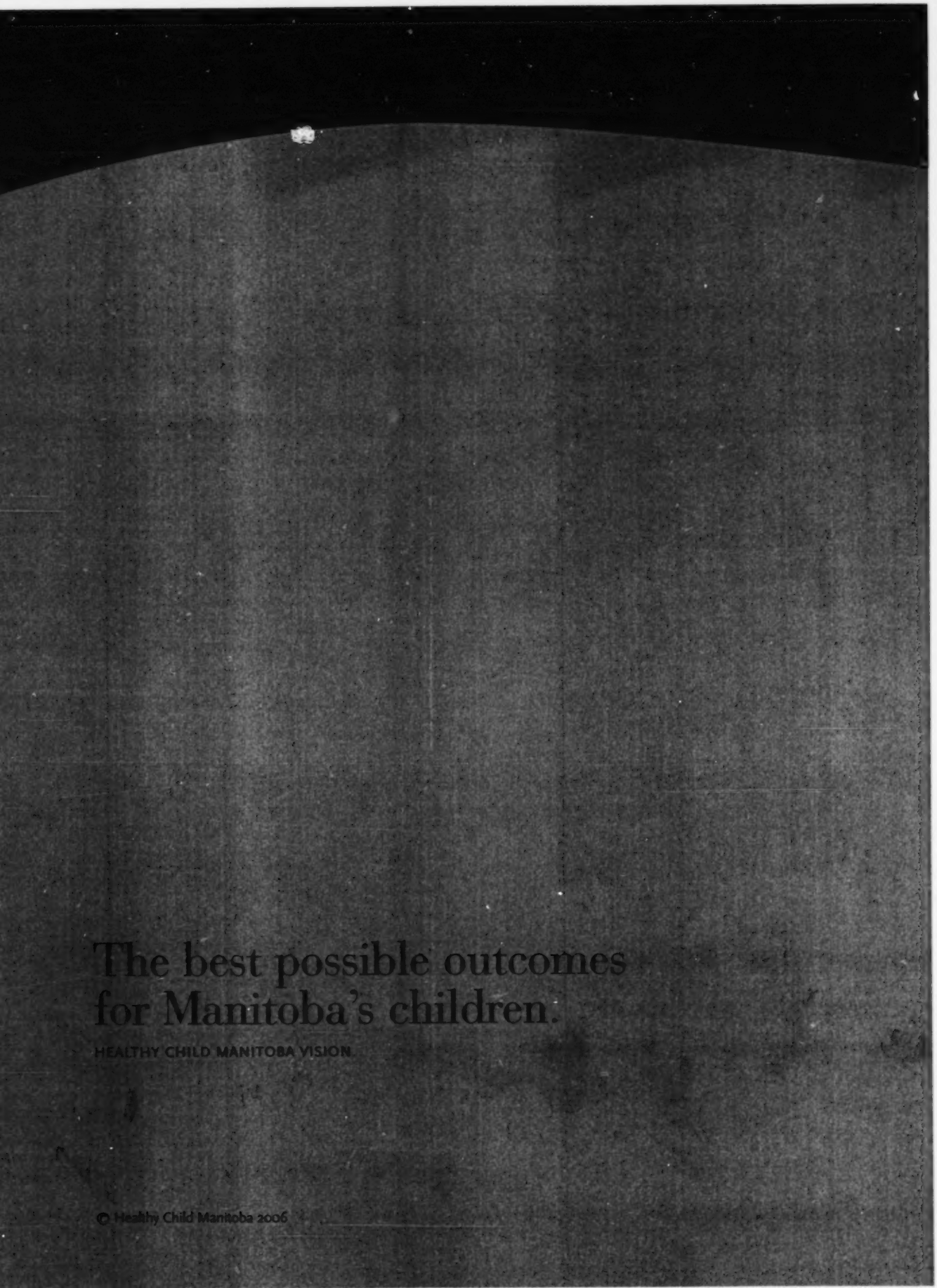
Investing in EARLY CHILDHOOD DEVELOPMENT:

2005 Progress Report to Manitobans

Healthy Child Manitoba

Manitoba



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Preface to the 2005 Progress Report

This 2005 report on early childhood development (ECD) continues an annual series of reports to Manitobans on our province's progress and meets the Government of Manitoba's public reporting commitments under the September 2000 First Ministers' Early Childhood Development Agreement and the March 2003 Multilateral Framework on Early Learning and Child Care. This report builds on Manitoba's 2002, 2003, and 2004 reports[1] by providing updates on ECD program activity (2004/05) and ECD investments (2005/06). Information from the 2003 report on the well-being of Manitoba's youngest children in 2000/01 is updated and new information from 2002/03 is included. It also provides information on many indicators from 1998/99, 2000/01 and 2002/03. This gives a first look at trends in the early development of Manitoba's children, as well as trends in related family and community characteristics.

A FIRST LOOK AT TRENDS IN EARLY CHILDHOOD DEVELOPMENT IN MANITOBA 1998/99 TO 2002/03

INTRODUCTION:

A major highlight of this 2005 report is the information on indicators of children's well-being. For the first time since the original ECD progress report in 2002, data on young children and their families in both Manitoba and Canada are available for three points in time (1998/99, 2000/01, 2002/03). At least three data points are needed to describe a trend over time.

There appear to be some promising trends as well as ongoing and emerging challenges for both Manitoba and Canada. Future ECD reports will provide provincial and national data for 2004/05 and 2006/07 and, in turn, a much better description of these trends.

Positive and Promising Trends

Provincial and national data suggest some positive and promising trends in ECD:

- fewer mothers smoking during pregnancy in both Manitoba and Canada
- fewer children born prematurely in both Manitoba and Canada
- continued low rates of low birthweight in both Manitoba and Canada
- higher breastfeeding rates in Manitoba than across Canada
- more positive parenting in both Manitoba and Canada
- more parents and children reading together in Manitoba, higher than Canada
- more parents attaining higher levels of education in Manitoba, closing the gap with Canada

- continued high rates of family functioning in both Manitoba and Canada
- continued high rates of neighbourhood safety and neighbourhood social cohesion in both Manitoba and Canada
- declining rates of children's hyperactivity and inattention problems in both Manitoba and Canada

Ongoing Challenges

Provincial and national data suggest some ongoing challenges in ECD:

- fewer children being born each year in both Manitoba and Canada
- higher number of children with high birthweights in Manitoba than in Canada
- higher rate of parental depression in Manitoba than in Canada
- higher number of children with delayed language development in Manitoba than in Canada

Emerging Challenges

Provincial and national data suggest some emerging challenges in ECD:

- rising rates of young children's emotional and anxiety problems in both Manitoba and Canada
- rising rates of young children's physical aggression and conduct problems in both Manitoba and Canada
- rising rates of poor prosocial development in young children in both Manitoba and Canada

Learning from Data and Moving Forward

As described in the Growing up in Manitoba section of this report, while the majority of Manitoba's nearly 80,000 children under age six were doing well (79% – 93%), significant percentages and numbers of Manitoba children were vulnerable in their physical, social, emotional, language and cognitive development. These thousands of vulnerable children are growing up in every community and every kind of family across Manitoba. There is a need for effective, population-level approaches that reach and support as many children and families in the population as possible. In March 2005, the Government of Manitoba announced its commitment to implement a new population health approach to supporting parents and families of young children across Manitoba, the world-renowned, scientifically proven Triple P – Positive Parenting Program, beginning in 2006/07.[2]

1 The 2002, 2003, and 2004 reports may be viewed on the Healthy Child Manitoba website at www.manitoba.ca/healthychild

2 Additional information on Triple P is available on the Healthy Child Manitoba website at www.manitoba.ca/healthychild and will be provided in the forthcoming 2006 ECD progress report to Manitobans.

Overview of Manitoba's Investments in Early Childhood Development (ECD)

ECD Action Area	Total 2005/06 Investment (1000s)	New Investments since April 2000 (1000s)
Promoting Healthy Pregnancy, Birth and Infancy:		
Healthy Baby	$4,845.4	$4,845.4
BabyFirst [4]	0.0	
Families First [4]	$9,031.9	$5681.4
Stop FASD	$748.4	$346.6
Midwifery Program	$3,400.0	$3,400.0
Sub Total	**$18,025.7**	**$14,273.4**
Improving Parenting and Family Supports:		
Children's Special Services [1], [2]	$18,481.4	$8,812.6
National Child Benefit Supplement Restoration [1]	$6,500.0	$6,500.0
Sub Total	**$24,981.4**	**$15,312.6**
Strengthening Early Childhood Development, Learning and Care:		
Child Care [1], [3], [6]	$78,818.7	$27,803.0
Early Childhood Development Initiative	$1,366.1	$1,366.1
Early Start [4]	$115.3	
Sub Total	**$80,300.1**	**$29,169.1**
Strengthening Community Supports:		
Parent-Child Centred Approach [2]	$3,085.0	$3,085.0
Injury Reduction Campaign [1]	$230.1	$230.1
Sub Total	**$3,315.1**	**$3,315.1**
Other ECD Initiatives [5]	**$2,489.5**	**$2,199.1**
TOTAL	**$129,111.8**	**$64,269.3**

(1) Includes some programming for children over the age of six years.

(2) Reflects internal transfer of Program function.

(3) Reflects funding in accordance with Five-Year Plan and does not reflect restructuring in accordance with Integrated Service Delivery (ISD).

(4) Reflects integration of the BabyFirst, Early Start and Integrated programs renamed as Families First.

(5) Includes financial assistance to community organizations for ECD and ECD research and evaluation initiatives.

(6) Since April 2000, the Government of Manitoba increased investments in ECD by over $64 million. Of this investment, Manitoba is pleased to acknowledge the federal government's contribution of $18.2 million for ECD and $8.2 million (under the 2003 ELCC agreement) and $25.6 million (under the 2005 ELCC agreement) for Early Learning and Child Care (ELCC) in 2005/06.

EARLY CHILDHOOD DEVELOPMENT PROGRAMS: DESCRIPTIONS AND INDICATORS

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:

Healthy Baby Program (includes the Healthy Baby Manitoba Prenatal Benefit and Healthy Baby Community Support Programs)

LAUNCH DATE:

July 2001

TARGET POPULATION:

Manitoba Prenatal Benefit: Targeted (available to all pregnant women in Manitoba with net family incomes of less than $32,000)

Community Support Programs: Developed in targeted communities but universally open to all families in Manitoba through pregnancy and child's first year. Attendance is not restricted or targeted.

PROGRAM DESCRIPTION:

Healthy Baby is a two-part program that includes the **Manitoba Prenatal Benefit** and **Healthy Baby Community Support Programs.**

The **Manitoba Prenatal Benefit** is a financial benefit to help low and moderate income women with the nutritional costs associated with pregnancy, modeled after the National Child Benefit (NCB). The benefit also acts as a mechanism to link women to community support programs.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to encourage healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered through community-based partners, the programs provide families with practical information and resources on maternal/child health issues, the benefits of breastfeeding, healthy lifestyle choices, positive parenting, infant development and strategies to support the healthy physical, cognitive and emotional development of children. Community support programs are available in every region of Manitoba.

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:

Healthy Baby Program (includes the Healthy Baby Manitoba Prenatal Benefit and Healthy Baby Community Support Programs)

PROGRAM OBJECTIVES:

Healthy Baby – Manitoba Prenatal Benefit:

- to assist women to meet their extra nutritional needs during pregnancy
- to link women to community support programs

Healthy Baby – Community Support Programs:

- to promote and support healthy pregnancies, healthy birth-weights and the development of healthy babies.
- to reach and support pregnant women and new parents who may be isolated and/or disadvantaged due to low income and / or other reasons.
- to build a mother's confidence and ability that will encourage initiation and duration of breastfeeding.
- to build parents' knowledge and awareness in the areas of nutrition, health, infant development and nurturing and problem-solving.
- to encourage social connection of families and assist in reducing families' sense of isolation.
- to encourage pregnant women to access the Manitoba Prenatal Benefit, and reinforce the importance of eating healthy during pregnancy.
- to establish collaborative, team and community based ways of working in the health regions
- to promote effective partnerships of community based groups and regional health authorities in co-coordinating their connections and support of pregnant women and new parents

DELIVERY AGENT(S):

Healthy Child Manitoba Office (Manitoba Prenatal Benefit) and Healthy Baby community support programs in Manitoba's 11 regional health authorities

LEAD OFFICE or DEPARTMENT(S):

Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

PROGRAM INDICATORS		
INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	**Healthy Baby Program:**	**Healthy Baby Program:**
Number of clients served:	**Manitoba Prenatal Benefit:** By the end of the 2003-04 fiscal year, 4,735 applicants applied for prenatal benefits and 4,379 received the benefit.	**Manitoba Prenatal Benefit:** In 2004-05, 4,787 women applied for the Prenatal Benefit and 4,428 received the benefit.
	Community Support Programs: Data not available. Previous reports were estimated.	**Community Support Programs:** 2,268 pregnant women and new families have attended community support programs (based on the last 10 months of the fiscal year).
Change in number of clients served since previous year:	**Manitoba Prenatal Benefit:** 148 more women received prenatal benefits in 2003-04 than in 2002-03.	**Manitoba Prenatal Benefit:** 49 more women received the benefit in 2004-05 than in 2003-04.
	Community Support Programs: Data not available	**Community Support Programs:** Data not available
Program capacity (number of clients):	**Manitoba Prenatal Benefit:** No change	**Manitoba Prenatal Benefit:** No change
	Community Support Programs: No change	**Community Support Programs:** Some programs are experiencing high numbers of participants at sessions and are over capacity.
Per cent of program capacity used:	**Manitoba Prenatal Benefit:** Capacity dependent on Manitoba births	**Manitoba Prenatal Benefit:** Capacity dependent on Manitoba births
	Community Support Programs: Information linking pregnancy rates and prenatal benefit recipients with program attendance is not yet available.	**Community Support Programs:** Capacity dependent on access to programs and community resources available to support programs. Information linking pregnancy rates and prenatal benefit recipients with program attendance is not yet available.

PROGRAM INDICATORS		
INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	**Healthy Baby Program:**	**Healthy Baby Program:**
Change in program capacity since previous year:	**Manitoba Prenatal Benefit:** No change	**Manitoba Prenatal Benefit:** No change
	Community Support Programs: Programs provide continuous entry and no wait lists.	**Community Support Programs:** Programs provide continuous entry and no wait lists.
Total number of eligible clients:	**Manitoba Prenatal Benefit:** (same as program capacity — see above)	**Manitoba Prenatal Benefit:** (same as program capacity — see above)
	Community Support Programs: (data under development)	**Community Support Programs:** Eligibility and program involvement differ. Participation is voluntary through agency or self referral.
Per cent of eligible clients served:	**Manitoba Prenatal Benefit:** (same as program capacity — see above)	**Manitoba Prenatal Benefit:** (same as program capacity – see above)
	Community Support Programs: (data under development)	**Community Support Programs:** (data under development)
Total number of program sites:	**Manitoba Prenatal Benefit:** (not applicable)	**Manitoba Prenatal Benefit:** (not applicable)
	Community Support Programs: Across all 11* regional health authorities. 26 organizations delivered programming in over 65 neighbourhoods / communities	**Community Support Programs:** Across all 11* regional health authorities. 29 organizations delivered programming in over 80 neighbourhoods / communities
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

*Two of the original 12 RHAs amalgamated in 2002/03.

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:

BabyFirst Program

LAUNCH DATE:

April 1998 (three-year research sites: 1998-2000)
April 1999 (province-wide implementation)

TARGET POPULATION:

BabyFirst includes universal screening of all live, off-reserve births, targeted assessments of at-risk families, targeted intensive home visiting for overburdened families, and universal referral to community resources and services.

PROGRAM DESCRIPTION:

BabyFirst is a community-based home visiting program designed to support overburdened families who have children up to three years of age. Regular visits by public health nurses are augmented by weekly home visits from specially trained home visitors who establish trusting, nurturing relationships with families, support parenting and secure attachment, promote problem solving skills and assist in strengthening the families' support system.

In December 2004, Healthy Child Manitoba began phasing out BabyFirst with the announcement of "Families First", a community-based home visiting program for families and children from conception to kindergarten. This enhanced program was made possible through the integration of BabyFirst and Early Start (see next section). Full provincial implementation is scheduled for 2005-06.

PROGRAM OBJECTIVES:

- To facilitate families' abilities to ensure the physical health and safety of their children;
- To enable parents to build on their strengths and to foster the development of a secure attachment with their children;
- To support parents in their role of nurturing their children and providing appropriate social, physical, and cognitive stimulation for their children; and
- To facilitate families' connections with community resources and sense of belonging in their communities.

DELIVERY AGENT(S):

Public Health Nurses (supervision and coordination) and trained paraprofessional Home Visitors in all 11 Regional Health Authorities. Funding guidelines are in place and budgets were developed and negotiated with these organizations based on birth rates and estimated at risk populations.

LEAD OFFICE OR DEPARTMENT(S):

Healthy Child Manitoba Office – Healthy Child Committee of Cabinet

PROGRAM INDICATORS:		
INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY	**BabyFirst Program:**	**BabyFirst Program:**
Number of clients served:	1,150 families	1,370 families
Change in number of clients served since previous year:	Increase of 36 families	Increase of 220 families
Program capacity (number of clients):	Up to 1,350 families	Up to 1,570 families
% of program capacity used:	85.2%	88%
Change in program capacity since previous year:	None	Increase of 220 families
Total number of eligible clients:	1,132 (estimated)	1,250 new families
% of eligible clients served:	98% (estimated)	75% of eligible clients enrolled (estimated)
Total number of program sites:	All 11 regional health authorities (Marquette and South Westman combined)	All 11 regional health authorities
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	36 families (3% increase)	220 families (19% increase)
AFFORDABILITY:	(not a focus of investment)	(not a focus of investment)
QUALITY:	• Introduced surveillance of alcohol use during pregnancy as part of the BabyFirst screening process. • Introduced BabyFirst Standards of Practice document. • Increase in public health nurse salaries related to collective agreement. • Introduced Growing Great Kids (GGK) Tier II Certification process.	• Increased program capacity by hiring an additional 13 EFT Home Visitors and an additional 4.6 EFT PHNS to support supervision • Increase in Home Visitor salaries related to collective agreement • Increase in PHN salaries related to collective agreement • Trained a provincial trainer to deliver Parent Survey Training to PHNs • Hosted Home Visiting Conference in December 2004 • Integration of BabyFirst/Early Start into Families First to provide a continuum of support to families from conception to Kindergarten.

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME: **BabyFirst/Early Start Integrated Model**

LAUNCH DATE: **April 2002:** Three regions were identified to pilot the Integrated Model (Central, Burntwood and North Assiniboine) to provide a regional continuum of home visiting services to families with children from birth to school entry. In 2004/05 the integrated program was expanded to South Assiniboine RHA, Parkland, North Eastman and the River East community of the Winnipeg Regional Health Authority. Consultations continued with plans to further integrate the program in all regions that had existing Early Start sites.

TARGET POPULATION: **Targeted:** The Parent Survey is used as an assessment tool to identify eligible families based on referrals from Public Health and other community agencies.

PROGRAM DESCRIPTION: Expanded funding was used to pilot an integrated BabyFirst/Early Start home visiting model to provide a continuum of services for families. Three regional health authorities were involved in the initial pilot.
Partnerships with child care facilities, school divisions, parent-child coalitions, and other community agencies provided local direction to these initiatives.

- **Accessing Families**

Home visiting services, formerly limited by strict criteria, are now available to eligible families with children aged 0-5. The existing BabyFirst universal screening and assessment process was maintained, and a referral process for older children was developed. Intake is coordinated through Public Health.

- **Amalgamating Services**

Home visiting services build on the strengths of both BabyFirst and Early Start. The screening and referral process, administration, and training and supervision of home visitors is coordinated through Public Health. All licensed child care facilities are able to refer eligible families, and participation in a quality child care program is an objective of the home visiting program.

- **Community Networking**

The service is community based with ongoing consultation to guide the implementation of the program. Community partnerships (BabyFirst, Early Start, Healthy Baby, Family Resource Centres, Child Care, etc) provide a continuum of services to families.

- **Consistent Training**

All home visitors are trained in the comprehensive Growing Great Kids (GGK) curriculum which provides a strong early childhood development focus to the service. Standard training, professional development, and networking opportunities are offered to all home visitors in the region.

ECD PROGRAM NAME:	**BabyFirst/Early Start Integrated Model**
PROGRAM DESCRIPTION:	• **Integrating Supervision** Supervision is delivered at the community level by Public Health Nurses, trained in child development, universal screening and assessment, quality assurance and strength based home visiting models. In December 2004, Healthy Child Manitoba announced "Families First", a community-based home visiting program for families and children from conception to kindergarten. This enhanced program was made possible through the integration of BabyFirst and Early Start. Full provincial implementation is scheduled for 2005-06.
PROGRAM OBJECTIVES:	• To facilitate families' abilities to ensure the physical health and safety of their children; • To enable parents to build on their strengths and to foster the development of a secure attachment with their children; • To support parents in their role of nurturing their children and providing appropriate social, physical and cognitive stimulation for their children; and • To facilitate families' connections with community resources and a sense of belonging in their communities
DELIVERY AGENT(S):	Public Health Nurses provide supervision and coordination; home visiting services offered through trained paraprofessionals.
LEAD OFFICE OR DEPARTMENT(S):	Healthy Child Manitoba Office – Healthy Child Committee of Cabinet

INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	**BabyFirst/Early Start Integrated Model:**	**BabyFirst/Early Start Integrated Model:**
Number of clients served:	133 children	148 families
Change in number of clients served since previous year:	47 additional families	15 additional families
% change in clients served since previous year:	65%	11%
Program capacity (number of clients):	180	355
% of program capacity used:	74%	42%
Change in program capacity since previous year:	Approximately 30 families	175 families

INVESTMENT FOCUS:	2003/04	2004/05
AVAILABILITY:	**BabyFirst/Early Start Integrated Model:**	**BabyFirst/Early Start Integrated Model:**
Total number of eligible clients:	Unknown	Unknown
% of eligible clients served:	Unknown	Unknown
Change in % of eligible clients served since previous year:	Unknown	Unknown
Total number of program sites:	5 Regional Health Authorities	6 Regional Health Authorities
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	Introduced new curriculum for BabyFirst/Early Start Integrated model called Small Steps Big Futures. This curriculum guides the Home Visitors' work with families with 3 to 5 year olds.

ECD Action Area:

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Fetal Alcohol Spectrum Disorder (FASD) Prevention:** • Stop FASD (Fetal Alcohol Spectrum Disorder) program
LAUNCH DATE:	The pilot sites were launched in April 1998.
TARGET POPULATION:	The **Stop FASD program** is focused on women at risk of having a child with FASD (targeted) or who have previously had a child with FASD (clinical).
PROGRAM DESCRIPTION:	**Stop FASD** is a three-year mentoring program for women at risk of having a child with FASD. The critical component of Stop FASD is personal care and support provided over a long period of time to promote gradual, lasting change.
PROGRAM OBJECTIVES:	• to reduce the incidence of FASD in Manitoba • to improve the well-being of children and families in Manitoba who are facing the challenges of FASD
DELIVERY AGENT(S):	**Stop FASD Program:** Healthy Child Manitoba provides the four Stop FASD sites with overall program direction and is responsible for macro-level program planning. Stop FASD is delivered through four host organizations in Manitoba: the Nor'West Community Co-op Health Centre, the Aboriginal Health and Wellness Centre Inc., the NOR-MAN Regional Health Authority and the Burntwood Regional Health Authority.
LEAD OFFICE OR DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet.

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	**Stop FASD program:**	**Stop FASD program:**
Number of clients served:	130	130
Change in number of clients served since previous year:	Increase of 10 women	None
Program capacity (number of clients):	140 to 150 women	140 to 150 women
Per cent of program capacity used:	87% to 93%	87% to 93%

PROGRAM INDICATORS		
INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	**Stop FASD program:**	**Stop FASD program:**
Change in program capacity since previous year:	None	None
Total number of eligible clients:	Unknown	Unknown
Per cent of eligible clients served:	Unknown	Unknown
Total number of program sites:	4	4
ACCESSIBILITY: Increase in the number of clients served since previous year (per cent):	10 women (8% increase)	None
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

Promoting Healthy Pregnancy, Birth and Infancy

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Health Promotion:** **• Midwifery Program**
LAUNCH DATE:	June 2000
TARGET POPULATION:	Midwifery care is available in six regional health authorities (RHAs) in Manitoba: Brandon, Burntwood, Central, NOR-MAN, South Eastman and Winnipeg. A provincial standard requires that 50 per cent of funded midwifery services be provided to populations who have greater difficulty accessing maternal/newborn care. These priority populations include: Aboriginal women, single women, adolescents, newcomers to Canada, and those with lower incomes, social isolation, or other risk factors.
PROGRAM DESCRIPTION:	Manitoba Health supports RHAs in providing midwifery services for families. Midwives provide primary care for women during pregnancy, labour, birth and for six weeks after birth; and for infants from birth to six weeks. Midwives are based in the community, often in community health clinics. They work collaboratively with other care providers and practitioners, provide birth services in hospitals and homes and refer women and newborns as needed to physicians, public health or other services. Midwifery care is wellness-based, focused on prevention and harm-reduction, and works to address the broad determinants of health.
PROGRAM OBJECTIVES:	• to provide comprehensive primary care for women and their babies during pregnancy, labour, and birth through to approximately six weeks of age / postpartum. • to integrate midwifery into existing RHA programs • to provide services to identified priority populations; facilitating access and working to improve maternal/newborn outcomes.
DELIVERY AGENT(S):	Midwives employed by six RHAs and the Northern Medical Unit.
LEAD OFFICE OR DEPARTMENT(S):	Manitoba Health

INVESTMENT FOCUS:	2003/04	2004/05
AVAILABILITY:	**Midwifery Program**	**Midwifery Program**
Number of clients served:	834 women/families	845 women 678 newborns
Change in number from previous year:	Increase of 222 women/ families	Increase of 11 families
Program capacity:	900 (based on a fully staffed program)	900 (based on a fully staffed program)
Per cent of program capacity used:	93%	94%
Change in program capacity from previous year:	25%	No change
Total number of eligible clients:	Unknown	Unknown
Percent of eligible clients served:	Care provided for 5% of Manitoba births	Care provided for 5% of Manitoba births
Total number of program sites:	Nine sites total. In six RHAs: Brandon, Burntwood, Central, NOR-MAN, South Eastman and Winnipeg. Nine practice sites in total.	Nine practice sites in total, plus additional satellite clinics, in six RHAs: Brandon, Burntwood, Central, NOR-MAN, South Eastman and Winnipeg.
ACCESSIBILITY:		
Per cent increase in number served:	27% increase over 2002/03	1%
Number of clients from priority population served:	522 families	611 families
Increase in the number of clients from priority populations served over previous year:	Increase of 173 women/ families	Increase of 89 families.
Per cent of clients from priority populations:	63% of total clients	72% of total clients (9% increase)
AFFORDABILITY:	RHA delivered midwifery services are funded by Manitoba Health.	RHA delivered midwifery services are funded by Manitoba Health.
QUALITY:	RHAs are responsible for quality management and improvement; Manitoba Health is responsible for monitoring quality.	RHAs are responsible for quality management and improvement; Manitoba Health is responsible for monitoring quality.

ECD Action Area:

Improving Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Children's Special Services, Children's Programs**
LAUNCH DATE:	April 1985
TARGET POPULATION:	The Children's Special Services Program is available to support families in caring for their children with developmental and/or physical disabilities in Manitoba
PROGRAM DESCRIPTION:	• The Children's Special Services (CSS) Program is a non-statutory, voluntary program that provides assistance to natural, adoptive or extended families living with children who have developmental and/or physical disabilities throughout the province. Program staff provide service coordination, support and individualized services that address the unique needs and circumstances of eligible children and their families. Services are intended to support families and to reduce their stress so that out-of-home placement is prevented or delayed. • Family support services are individualized and family-centred. An example of support services may include respite, child development, supplies, assistive technology, home modifications and other supports. • The CSS Program also provides grant funding to external agencies to deliver specialized services such as therapy to children with disabilities and their families. • Children's Special Services works in partnership with other branches of Manitoba Family Services and Housing, other departments (including Manitoba Health/Healthy Living, Manitoba Education, Citizenship and Youth), the Healthy Child Manitoba Office, external agencies and community organizations in the delivery of services.
PROGRAM OBJECTIVES:	Children's Special Services (CSS) Program objectives are: • to provide supports that enable families to maintain children with developmental and/or physical disabilities in their own homes to the greatest extent possible • to provide basic support to families to assist them to cover some of the extraordinary costs of caring for a child with disabilities • to partner with families and other providers in an approach that builds on family strengths and is guided by family priorities • to support families to ensure that their children with disabilities have access to activities and resources in inclusive communities
DELIVERY AGENT(S):	Staff in regional offices rural and north, and in community areas in Winnipeg
LEAD OFFICE OR DEPARTMENT(S):	Manitoba Family Services and Housing

INVESTMENT FOCUS:	2003/04	2004/05
AVAILABILITY:	**Children's Special Services**	**Children's Special Services**
Number of clients served:	3,712 families	3,876 families
Change in number of clients served since previous year:	Increase of 126 families	Increase of 164 families
Program capacity (number of clients):	3,712 families	3,876 families
Per cent of program capacity used:	100%	100%
Change in program capacity since previous year:	Increase of 126 families	Increase of 164 families
Total number of eligible clients:	Note: Existing clients are all eligible. Unknown if there are more eligible clients who have not applied for service.	Note: Existing clients are all eligible. Unknown if there are more eligible families who have not applied for service
Per cent of eligible clients served:	See note above	See note above
Change in per cent of eligible clients served since previous year	Unknown	Unknown
Total number of program sites:	6 Community Areas in Winnipeg and 6 regions rural and north.	6 Community Areas in Winnipeg and 6 regions rural and north
ACCESSIBILITY: Increase in the number of clients served since previous year (per cent):	126 families (3.5% increase)	164 families (4.2% increase)
AFFORDABILITY:	N/A	N/A
QUALITY:	Currently not measured	CSS Program includes input and involvement from families and other stakeholders in its evaluation and planning activities.

ECD Action Area:

Improving Parenting and Family Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**National Child Benefit Supplement (NCBS) restoration for children ages 0 to 6 years**
LAUNCH DATE:	April 1998
TARGET POPULATION:	Targeted: The National Child Benefit Supplement is available to low income families with children, as part of the National Child Benefit program.
PROGRAM DESCRIPTION:	• The National Child Benefit Supplement (NCBS) was introduced in 1998 as an additional payment to low-income families with children, as part of the National Child Benefit (NCB) program. At the time it was introduced, Manitoba and most other provinces and territories agreed to recover it from families on social assistance. • In July 2000, Manitoba began restoring to families on Employment and Income Assistance the value of the NCBS by passing through the increase in the value of the NCBS to all children in the family regardless of age. • As of July 2001, the full amount of the NCBS was restored for children up to six years old whose parents were receiving income assistance benefits. • As of January 2003, Manitoba restored the full amount of the NCBS for children aged seven to 11 years; and as of January 2004, Manitoba restored the full amount of the NCBS for children aged 12 to 17 years.
PROGRAM OBJECTIVES:	• to prevent and reduce child poverty • to promote labour force attachment of parents • to reduce overlap and duplication
DELIVERY AGENT(S):	Employment and Income Assistance Program — Manitoba Family Services and Housing
LEAD OFFICE OR DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS		
INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	**National Child Benefit Supplement (NCBS) restoration**	**National Child Benefit Supplement (NCBS) restoration**
Number of clients served (average monthly number of EIA cases with any children 0 to 6 years of age):	7,834 families*	7,998 families*
Change in number of clients served since previous year:	(not applicable)	(not applicable)
Program capacity (number of clients):	(not applicable)	(not applicable)
Per cent of program capacity used:	(not applicable)	(not applicable)
Change in program capacity since previous year:	(not applicable)	(not applicable)
Total number of eligible clients (average monthly number of EIA cases with any children 0 to 6 years of age):	7,834 families*	7,998 families*
Per cent of eligible clients served:	100%	100%
Total number of program sites:	(not applicable)	(not applicable)
ACCESSIBILITY:	No charge	No charge
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

* *The previous ECD report did not report on the average monthly number of EIA cases.*

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Manitoba Child Care Program**
LAUNCH DATE:	September 1974
TARGET POPULATION:	Universal: The Manitoba Child Care Program is available to children ages 0 to 12 years in Manitoba.
PROGRAM DESCRIPTION:	The Manitoba Child Care Program is responsible for: • establishing licensing standards for child care centres and family child care homes under The Community Child Care Standards Act and licensing and monitoring facilities according to these standards • providing financial assistance for child care fees on behalf of eligible parents with children attending child care facilities • providing grants and program assistance to eligible community groups and individuals who provide child care services • classifying all Early Childhood Educators and Child Care Assistants who work in child care centres in Manitoba • providing competency based training to Child Care Assistants working in centres to enable them to achieve an Early Childhood Educator II classification
PROGRAM OBJECTIVES:	• to support sustainable, accessible, high quality child care • to assist families participating in employment and training to find and maintain suitable child care • to support parental participation in child care services • to support inclusion of children with special needs in child care, including children with disabilities and children of families in crisis • to review and adjust regulations, policies and systems to support continuous program development in the quality of services experienced by children, families, communities and providers
DELIVERY AGENT(S):	Licensed child care facilities
LEAD OFFICE OR DEPARTMENT(S):	Manitoba Family Services and Housing

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2003/04**	**2004/05**
ACCESSIBILITY:	**Manitoba Child Care Program**	**Manitoba Child Care Program**
Total number of program sites:	1,158	1,156
Program capacity (spaces)	25,634	25,726
· spaces for preschool children	17,930	17,776
· spaces for school age children	7,704	7,950

PROGRAM INDICATORS

INVESTMENT FOCUS:	2003/04	2004/05
ACCESSIBILITY:	**Manitoba Child Care Program**	**Manitoba Child Care Program**
• change in program capacity (spaces)	857	92
• change in program capacity (%)	3.5%	0.4%
Number of children in Manitoba 0 to 12 years 1	182,000	181,800
• preschool children (0 to 5 years)	79,300	78,300
• school age children (6 to 12 years)	102,700	103,500
Per cent of Manitoba children for whom there was a regulated space	14.1%	14.2%
• per cent of preschool children (0 to 5 years)	22.6%	22.7%
• per cent of school age children (6 to 12 years)	7.5%	7.7%
AFFORDABILITY:		
Maximum daily child care fees (centre based)	(fees frozen)	(fees frozen)
• infant	$28.00	$28.00
• preschool	$18.80	$18.80
• school age (before school, lunch and after school)	$9.60	$9.60
Maximum daily child care fees (home based) 2	(fees frozen)	(fees frozen)
• infant	$20.40	$20.40
• preschool	$16.40	$16.40
• school age	$9.60	$9.60
Daily non-subsidized fee per child	$2.40	$2.40
Average number of children receiving subsidized child care per 4-week period	11,568	11,027

PROGRAM INDICATORS

INVESTMENT FOCUS:	2003/04	2004/05
AFFORDABILITY:	**Manitoba Child Care Program**	**Manitoba Child Care Program**
Subsidization levels based on family net income: family examples (centre based)		
• one parent, one preschool child		
- full subsidy up to:	$13,787	$13,787
- partial subsidy up to:	$24,577	$24,577
• two parents, two preschool children		
- full subsidy up to:	$18,895	$18,895
- partial subsidy up to:	$40,475	$40,475
Total number of newly funded child care spaces in centres [3]	788	0
• spaces for preschool children	538	0
• spaces for school age children	250	0
Annual operating grant per space (for centres)		
• infant space	$6,760	$7,020
• preschool space	$2,132	$2,262
• school age space	$606	$647
• nursery school space (6 to 10 sessions per week)	$201	$214
Parent fees as a percentage of annual centre revenue [4]		
• infant space	51.9%	50.9%
• preschool space	69.6%	68.4%
• school age space	80.5%	79.4%
Annual operating grant funding levels for homes		
• infant space	$707	$877
• preschool space	$246	$360
• school age space	$246	$306

PROGRAM INDICATORS

INVESTMENT FOCUS:	2003/04	2004/05
QUALITY:	**Manitoba Child Care Program**	**Manitoba Child Care Program**
Regulated ratios (centre based)		
· infant	1:4	1:4
· preschool	1:8	1:8
· nursery school	1:10	1:10
· school age	1:15	1:15
Maximum licensed number of children (home based)	eight children including no more than five under six years, of whom no more than three are under two years (includes provider's own children)	eight children including no more than five under six years, of whom no more than three are under two years (includes provider's own children)
Proportion of centre based staff required to be classified as trained early childhood educators (diploma, degree or competency based assessment graduate)		
· infant/preschool	two-thirds	two-thirds
· school age/nursery school	one-half	one-half
Family child care training [5]	New providers must complete an approved 40-hour course	New providers must complete an approved 40-hour course
Number of family child care providers and child care assistants approved for training grant [5]	82	170
Number of new competency based graduates	28	19
Workforce numbers (centre based)		
· number of Early Childhood Educator IIs (diploma required for classification)	925	986
· number of Early Childhood Educator IIIs (degree required for classification)	849	837

PROGRAM INDICATORS

INVESTMENT FOCUS:	2003/04	2004/05
QUALITY:	**Manitoba Child Care Program**	**Manitoba Child Care Program**
Change in wages for trained Early Childhood Educator IIs [6]	+1.5%	+8.3%
Change in income for family child care providers (home based)	+0.5%	+2.5%
Per cent of centres that are non-profit [7]	92.1%	93.7%
Per cent of centre spaces that are non-profit	91.9%	93.2%
INCLUSIVE:		
Number of children with disabilities served under the Children with Disabilities (CWD) Program	1,366	1,490
Per cent of child care facilities participating in CWD Program		
· centres	55.6%	58%
· homes	19.3%	16%
PARENTAL CHOICE:		
Number of funded extended-hour child care spaces[8]	418.5	392.5
Number of group family child care homes in rural and small urban centres (outside Winnipeg)	28	32

1 Source: Statistics Canada, Labour Force Survey. Does not include persons living on Indian Reserves or full-time members of the Canadian Armed Forces.

2 Fees include daily non-subsidized fee.

3 Maximum fees apply to all funded spaces.

4 Centre revenue is made up of income from an operating grant and income from parent fees or fee subsidies on behalf of eligible families.

5 Regulation for training requirement effective January 2003.

6 Based on salary analysis of Early Childhood Educator IIs in funded full-time centres.

7 Research from the Childcare Resource and Research Unit at the University of Toronto's Centre for Urban and Community Studies, August 2002, suggests that child care services operated not-for-profit are more likely to deliver higher quality care environments.

8 Number of spaces currently funded and operating.

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Development Initiative (ECDI)**
LAUNCH DATE:	April 2001
TARGET POPULATION:	Universal: ECDI is available to all Manitoba school divisions.
PROGRAM DESCRIPTION:	The Early Childhood Development Initiative helps school divisions to provide services for preschoolers up to five years old. These services focus on helping young children get ready for school. Human and financial resources are available to improve children's readiness to learn and to strengthen schools' partnerships with parents, communities and relevant support agencies. All of Manitoba's school divisions are participating in this initiative of Manitoba Education, Citizenship and Youth.
PROGRAM OBJECTIVES:	• to improve children's readiness for school • to strengthen school division partnerships with parents, communities and intersectoral agencies
DELIVERY AGENT(S):	Manitoba School Divisions
LEAD OFFICE OR DEPARTMENT(S):	Manitoba Education, Citizenship and Youth — Program and Student Services Branch

PROGRAM INDICATORS

INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY:	All 38 school divisions	All 38 school divisions
Total number of program sites:	All 38 school divisions	All 38 school divisions
ACCESSIBILITY:	(data under development)	All school divisions participate in this program.
AFFORDABILITY:	(data under development)	Not applicable. Funding is provided to all school divisions
QUALITY:	(data under development)	Program plans and outcomes are reviewed annually.

Note: Manitoba Education, Citizenship and Youth and Healthy Child Manitoba are currently developing program indicators for ECDI.

*In 2002/03, many school divisions amalgamated, so the total number of school divisions decreased from 54 to 38.

ECD Action Area:

Strengthening Early Childhood Development, Learning and Care

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Start Program**
LAUNCH DATE:	April 1998 (three-year research sites: 1998-2000) April 1999 (provincial implementation)
TARGET POPULATION:	Targeted: Early Start is available in selected sites to overburdened families with preschool children.
PROGRAM DESCRIPTION:	The Early Start program is available in selected areas for families with preschool children, who need support to ensure healthy early childhood development. A three-year home visiting service provides parenting and literacy programs for these families and supports children's early physical, mental and emotional development. Expanded funding in 2002/03 was used for a pilot integrated BabyFirst / Early Start home visiting program, serving families from pregnancy to school entry. Further expansion to this model occurred in 2003-04, and 2004-05. In December 2004, Healthy Child Manitoba began phasing out Early Start with the announcement of "Families First", a community-based home visiting program for families with children from conception to Kindergarten. This enhanced program was made possible through the integration of BabyFirst and Early Start. Full provincial implementation is scheduled for 2005-06. (See BabyFirst/Early Start Integrated Model)
PROGRAM OBJECTIVES:	• To facilitate families' abilities to ensure the physical health and safety of their children; • To enable parents to build on their strengths and to foster the development of a secure attachment with their children; • To support parents in their role of nurturing their children and providing appropriate social, physical and cognitive stimulation for their children; and • To facilitate families' connections with community resources and a sense of belonging in their communities.
DELIVERY AGENT(S):	Trained paraprofessional home visitors based primarily in licensed child care facilities. In some communities, Early Start may be delivered through the Regional Health Authority or School Division.
LEAD OFFICE OR DEPARTMENT(S):	Healthy Child Manitoba Office – Healthy Child Committee of Cabinet

INVESTMENT FOCUS:	2003/04	2004/05
AVAILABILITY:	**Early Start Program**	**Early Start Program**
Number of clients served:	185 families	125 families
Change in number of clients served since previous year:	NA	*
Program capacity (number of clients):	285 spaces*	195
% of program capacity used:	65%	65%
Change in program capacity since previous year:	NA	*
Total number of eligible clients:	Unknown	Unknown
% of eligible clients served:	Unknown	Unknown
Total number of program sites:	19*	13*
ACCESSIBILITY: Increase in the number of clients served since previous year (%):	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY	(not a focus of investment)	(not a focus of investment)
QUALITY:	(not a focus of investment)	(not a focus of investment)

* *Spaces reallocated to the BabyFirst/Early Start Integrated Model, Families First*

ECD Action Area:

Strengthening Community Supports

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Parent-Child Centred Approach**
LAUNCH DATE:	March 2001
TARGET POPULATION:	Universal: Funding for Parent-Child Coalitions is available province wide. Each coalition determines its local priority populations.
PROGRAM DESCRIPTION:	The Parent Child Centred approach includes community-based initiatives offering programs that provide support and education to families with young children. Parent Child Coalitions bring together community strengths and resources within a geographic boundary through partnerships with parents, school divisions, early childhood educators, health professionals and other community organizations. The coalitions support existing activities and initiate new activities that reflect each community's diversity and unique needs. There are 26 Parent Child Coalitions province-wide: 23 regional coalitions (11 regions outside Winnipeg and 12 community areas within Winnipeg) and 3 cultural organizations (2 Aboriginal and 1 Francophone). Additionally, a number of family resource centres across the province receive parent-child funding under this initiative.
PROGRAM OBJECTIVES:	Build healthy child development through a focus on: • Positive parenting • Nutrition and physical health • Learning and literacy • Community capacity
DELIVERY AGENT(S):	A variety of local service delivery approaches across the province are available or being developed. These include group sessions, home based, centre based, and mobile services.
LEAD OFFICE OR DEPARTMENT(S):	Healthy Child Manitoba Office — Healthy Child Committee of Cabinet

PROGRAM INFORMATION

INVESTMENT FOCUS:	**2003/04**	**2004/05**
AVAILABILITY	**Parent-Child Centred Approach**	**Parent-Child Centred Approach**
Total number of program sites:	26 parent-child coalitions	26 parent-child coalitions
ACCESSIBILITY:	(not a focus of investment)	(not a focus of investment)
AFFORDABILITY:	(not applicable)	(not applicable)
QUALITY:	(not a focus of investment)	(not a focus of investment)

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME: **Early Childhood Health Promotion:**
- **Injury Prevention Initiative**

LAUNCH DATE: April 2000

TARGET POPULATION: Universal: The Early Childhood Development component of the Injury Reduction Campaign was available province wide.

PROGRAM DESCRIPTION:
- In April 2000 an Injury Reduction Campaign was created to reduce intentional and unintentional injuries to children. An injury prevention advertising campaign focusing on the prevention of childhood household injuries was implemented on March 26, 2001. Highlights from the last two years and upcoming events include the following.
- In April 2002, Manitoba Health funded the Injury Prevention Centre of Children's Hospital in Winnipeg, Manitoba (IMPACT) to research a background discussion paper on injury prevention in Manitoba. The paper described the injury problem in Manitoba, provided a summary of Manitoba injury reports and began dialogue on the process towards developing an Injury Prevention Strategy.
- In May 2002, the first intersectoral Injury Prevention Conference was held, with over 100 delegates, to begin the development of a Manitoba Injury Reduction Strategy.
- Also in May 2002, an Interdepartmental Working Group was formed to share information, and to enhance collaboration on injury responses in the province.
- In June 2002, Manitoba Health funded IMPACT to consult with injury stakeholders in all regions of the province on the recommendations made in the background development paper.
- In March 2003, Manitoba Public Insurance and Manitoba Health launched a campaign to promote the use of child car seat restraints.
- In June 2003, Manitoba Labour and Immigration and the Workers Compensation Board launched a province-wide Safe Work campaign to draw attention to the need to prevent workplace injuries and develop a culture of safety in Manitoba.
- In March 2004, Manitoba Public Insurance and Manitoba Health provided an educational videotape to some health and education sites on the proper choice and installation of child car and booster seats.
- In April 2004, the Economic Burden of Unintentional Injury in Manitoba was released. The study provides information on the cost of injury in Manitoba.
- In April 2004, an updated Manitoba Injury Surveillance Report was released. The report provides injury data over a 10-year period and is an important planning document for the development of regional injury prevention plans.

DESCRIPTIVE INFORMATION

ECD PROGRAM NAME:	**Early Childhood Health Promotion:** • **Injury Prevention Initiative**
PROGRAM DESCRIPTION:	• In April 2004, a second Intersectoral Injury Conference was held to promote the development of province-wide injury prevention plans. • In June 2004, a Measuring Tape informational resource on child restraints and car seat safety to provide information regarding the different types of child passenger restraints was distributed to Manitoba school children. The resource emphasized the need for children between the ages of four and nine to use a booster seat and showed parents how to determine a child's readiness for a seat belt. 740 Manitoba schools received the resource, which was distributed to 41,200 kindergarten to grade 2 students. • In 2004, an RHA Injury Prevention Deliverable was created as part of ongoing accountability measures in the health planning process. RHAs are working to develop regional injury prevention plans which include intersectoral collaboration and plans to reduce injury in leading areas of death and hospitalization in each region. • In March 2005, Manitoba Healthy Living funded IMPACT to write Injury Prevention Best practice reports to assist RHAs and other injury prevention partners in planning injury reduction activities based on best practice evidence in four of Manitoba's leading causes of injury. These include: falls; motor vehicle injury; drowning; and suffocation/choking. The best practice documents were presented to RHAs and other stakeholders via Tele-health in March 2005. • In September 2005, an Interdepartment Injury Prevention Steering Committee and Injury Prevention Network were formed to develop a Provincial Injury Prevention Strategy.
PROGRAM OBJECTIVES:	• to prevent and reduce unintentional and intentional injuries to children, youth and their families
DELIVERY AGENT(S):	Manitoba government departments, service delivery agencies (e.g.: regional health authorities).
LEAD OFFICE OR DEPARTMENT(S):	Manitoba Health/Healthy Living

PROGRAM INDICATORS		
INVESTMENT FOCUS:	**2003/04**	**2004/05**
	Injury Prevention Initiative:	**Injury Prevention Initiative:**
AVAILABILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
ACCESSIBILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
AFFORDABILITY:	(not reported for public education initiatives)	(not reported for public education initiatives)
QUALITY:	(not reported for public education initiatives)	(not reported for public education initiatives)

Note: For more information on Injury Prevention please see the Healthy Living website: http://www.gov.mb.ca/healthyliving/injury.html
Note: For more information on IMPACT, please see their website: http://www.hsc.mb.ca/impact
Note: The Manitoba Injury Surveillance Report can be viewed and downloaded at http://www.gov.mb.ca/healthyliving/index.html

Growing Up in MANITOBA: Early Childhood Development Indicators of Children's Well-being, 1998 to 2003

Introduction

In September 2000, First Ministers released the Early Childhood Development (ECD) Communiqué. As part of public reporting commitments, they agreed that provincial and territorial governments would "make regular public reports on outcome indicators of child well-being using an agreed upon set of common indicators to be developed by September 2002 related to the objectives established for early childhood development."

The objectives established for early childhood development are:

- "To promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn and socially engaged and responsible" and
- "To help children reach their full potential and to help families support their children within strong communities."

The ECD communiqué also specifies that the common set can include indicators that are currently available, as well as newly developed indicators.

Ministers also agreed on an approach to reporting indicators of young children's well-being. All jurisdictions, with the exception of Québec[1], agreed to report on a common set of indicators of young children's well-being and may also choose to report on additional child and environmental (family and community) outcomes.

Background and Description of Indicators

The following tables and graphs provide baseline information on children in Manitoba and Canada from 1998 to 2003. Data for these tables come from several sources, including the National Longitudinal Survey of Children and Youth (NLSCY), the Survey of Labour and Income Dynamics (SLID) and Canada Vital Statistics.

How young children are doing in Manitoba and Canada

An Update

In 1998/99, 2000/01 and 2002/03, the National Longitudinal Survey of Children and Youth (NLSCY) continued to collect information on Canadian children's development during pregnancy and the first five years of life. Information from the 2000/01 NLSCY Survey has been updated. The 2000/01 results in this report should be used instead of the 2000/01 results in the 2003 ECD report. The child behaviour/developmental scales have been updated using a common scale, different from that used before. Therefore, the results in this report replace those in previous reports.

This section provides information on the health and well-being of young children in Manitoba from 1998 to 2003. We will continue to build on current knowledge so that we can learn:

- what communities can do to make a difference
- which policies and programs improve outcomes for children
- how Manitoba's children are faring as they grow up

1 The Government of Quebec has stated that, while sharing the same concerns on early childhood development, Québec does not adhere to the federal-provincial-territorial early childhood development initiative because sections of it infringe on its constitutional jurisdiction on social matters. Québec intends to preserve its sole responsibility for developing, planning, managing and delivering early childhood development programs.

The NLSCY does not sample children living in institutions or on First Nations reserves. The NLSCY does not always have representative information for the territories, which will affect the results for Canada.

Federal/provincial/territorial governments have agreed to report on the following indicators of early childhood development:

1. Physical health and motor development: the general state of the child's health and gross motor skills
2. Emotional health: the child's self-esteem, coping skills and overall emotional well-being
3. Social knowledge and competence: how children behave and how they are able to communicate feelings and wants
4. Cognitive learning: how children perceive, organize and analyze information in their social and physical environments
5. Language communication: the ability of children to communicate

Federal/provincial/territorial governments have identified other indicators that jurisdictions may choose to report. Manitoba is reporting on these optional indicators of children's well-being:

1. Safety and security: injuries among children
2. Community related indicators: neighbourhood satisfaction, safety and cohesion
3. Family-related indicators: parents' education, income, health and family functioning

New Information

"Who am I" scores and number knowledge:

- "Who am I" scores reflect a child's copying skills and writing tasks.
- The Number Knowledge Test assesses children's intuitive knowledge of whole numbers.

About the National Longitudinal Survey of Children and Youth (NLSCY)

The NLSCY was initiated in 1992 to look at the well-being of children and their families. It provides information on the characteristics and life experiences of children and youth as they grow from infancy to adulthood, across Canada (Human Resources Development Canada and Statistics Canada, 1996).

Every two years, the NLSCY collects comprehensive data on children's individual, family, preschool, school and community characteristics and experiences and their physical, social, emotional, cognitive, language, academic and behavioural outcomes. Parents, teachers and principals are surveyed as well as children aged 10 and older. The families of approximately 23,000 Canadian children who were under 12 years old in 1994/95 participate in the NLSCY every two years. The survey will continue until the youngest children reach the age of 25 years in 2018.

The information collected in the NLSCY is fairly representative of the Canadian population. However, "the NLSCY does not include Aboriginal children living on reserves or children living in institutions and immigrant children are under-represented. Efforts are being made to address these issues, in particular the underrepresentation of immigrant and Aboriginal children." (Brink & McKellar, 2000., p. 113).

Results from the first cycle of the NLSCY can be found in *Vulnerable children: Canada's National Longitudinal Survey of Children and Youth (Willms, 2002).*

REFERENCES:

BRINK, S., & MCKELLAR, S. (2000) NLSCY: A unique Canadian survey. ISUMA: Canadian Journal of Policy Research, 1(2), 111–113.

HUMAN RESOURCES DEVELOPMENT CANADA AND STATISTICS CANADA. (1996) Growing up in Canada: National Longitudinal Survey of Children and Youth. Ottawa, ON: Minister of Industry.

WILLMS, J. D. (ED.). (2002) Vulnerable children: Canada's National Longitudinal Survey of Children and Youth. Edmonton, AB: University of Alberta Press and Human Resources Development Canada — Applied Research Branch.

This year's report contains updates to the 2002, 2003 and 2004 ECD reports

Demographics (1998/99, 2000/01 and 2002/03)

There were approximately 80,000 children, aged zero to five years, in Manitoba in 2002/03, representing four per cent of all children in Canada.

- The number of children has decreased from 1998/99 to 2002/03 in both Manitoba and Canada.
- There are more older children than younger children, signifying a decrease in the birth rate in Manitoba and Canada.

Number of Children by Age: 1998/99, 2000/01 and 2002/03

	Age	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	0 YEARS (0-11 MONTHS)	14,400	15.5	12,500	15.4	12,200	15.7
	1 YEAR	14,600	15.8	13,100	16.1	12,400	16.1
	2 YEARS	15,300	16.6	13,200	16.2	12,800	16.5
	3 YEARS	16,000	17.4	13,500	16.6	13,200	17.0
	4 YEARS	16,300	17.6	14,100	17.3	13,300	17.1
	5 YEARS	15,800	17.1	15,000	18.5	13,600	17.6
	Total	**92,400**	**100.0**	**81,300**	**100.0**	**77,600**	**100.0**
Canada	0 YEARS (0-11 MONTHS)	339,100	15.2	319,800	15.2	315,200	15.5
	1 YEAR	351,300	15.7	335,700	16.0	326,000	16.1
	2 YEARS	372,200	16.6	341,100	16.2	334,700	16.5
	3 YEARS	384,700	17.2	352,200	16.8	343,900	16.9
	4 YEARS	395,300	17.7	369,100	17.6	349,000	17.2
	5 YEARS	393,500	17.6	383,100	18.2	361,400	17.8
	Total	**2,236,100**	**100.0**	**2,101,000**	**100.0**	**2,030,300**	**100.0**

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master File, Parents Questionnaire; data presented is weighted, data based on provinces only.

Birth Outcomes, 1998/99, 2000/01 and 2002/03

About 12,000 babies are born every year in Manitoba. In 2002:

- Most babies were born "on time" (93 per cent) with a healthy birth weight (78 per cent), but some babies were born at-risk, and some died before their first birthday.
- Infant mortality is a concern in Manitoba, with 7.1 infant deaths per 1,000 live births, while the Canadian rate is 5.4 deaths per 1,000 births. This has remained fairly stable in the five years from 1998 to 2002.
- Tobacco use during pregnancy has decreased in both Manitoba and Canada, with 17.5 per cent of pregnant women smoking in Manitoba compared to 15.9 per cent in Canada.
- In Manitoba 17 per cent of babies had high birth weights, putting them at risk for problems like diabetes, compared to 13 per cent of babies across Canada.
- A much smaller proportion of babies in both Manitoba and Canada had low birth weight (5.1 per cent in Manitoba and 5.8 per cent in Canada).

The following tables and charts give more details on the birth outcomes.

Preterm Births Rate[1]: Percentage of live births with gestational age less than 37 weeks

Jurisdiction	2000			2001			2002		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Manitoba	**8.6**	**7.3**	**8.0**	**8.4**	**7.1**	**7.8**	**8.1**	**6.8**	**7.4**
Canada	8.0	7.0	7.5	7.7	6.9	7.3	7.9	7.0	7.5

Source: Canadian Vital Statistics - Birth Database

1 Preterm birth rate is defined as the percentage of live births with a gestational age of less than 37 completed weeks (less than 259 days) at the time of birth.

Infant Mortality Rate (per 1,000 Live Births)[1,2]

Jurisdiction	1998			1999			2000			2001			2002		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Manitoba	**7.5**	**5.9**	**6.7**	**9.7**	**7.0**	**8.4**	**6.9**	**6.1**	**6.5**	**9.1**	**4.8**	**7.0**	**7.8**	**6.3**	**7.1**
Canada	5.7	4.8	5.3	5.7	4.8	5.3	5.9	4.7	5.3	5.8	4.6	5.2	5.8	4.9	5.4

Source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

1 Infant mortality rate is defined as the number of infants who die in the first year of life per 1,000 live births. Death refers to the permanent disappearance of all evidence at any time after live birth has taken place. Stillbirths are excluded.

2 The mortality rate calculation uses live births in the calendar year.

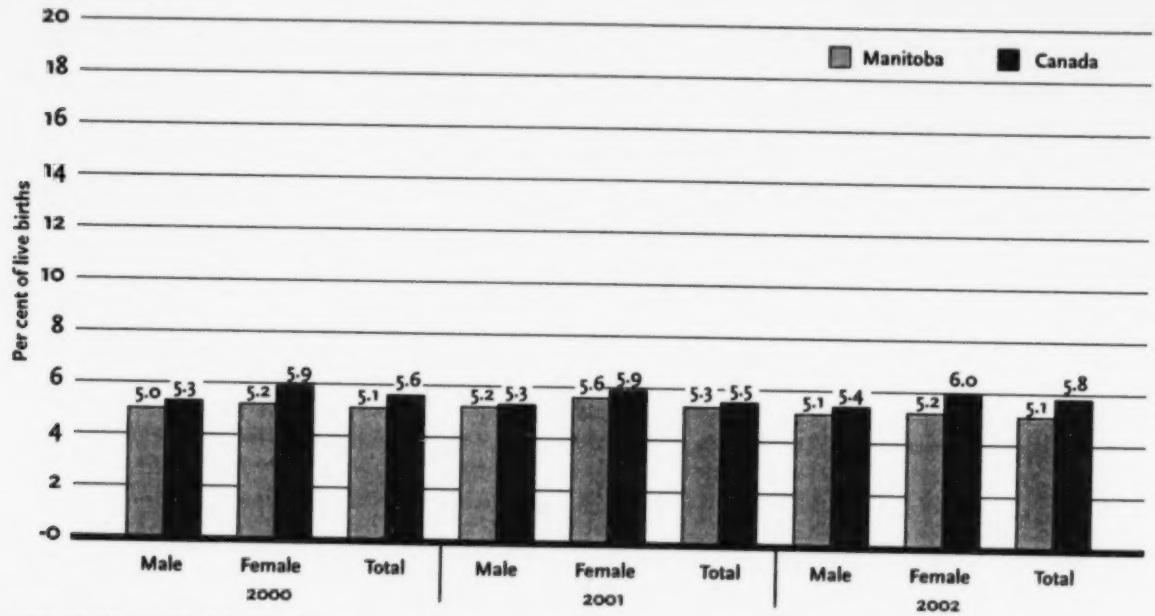
Tobacco Use During Pregnancy[1]

Jurisdiction		1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	**Yes**	**6,700**	**25.5**	**3,200**	**18.9**	**3,600**	**17.5**
	No	**19,600**	**74.5**	**13,800**	**81.1**	**17,200**	**82.5**
Canada	Yes	122,200	19.4	79,000	18.4	80,900	15.9
	No	507,900	80.6	349,700	81.6	429,200	84.1

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master File, Child Questionnaire, data presented is weighted, data based on provinces only.

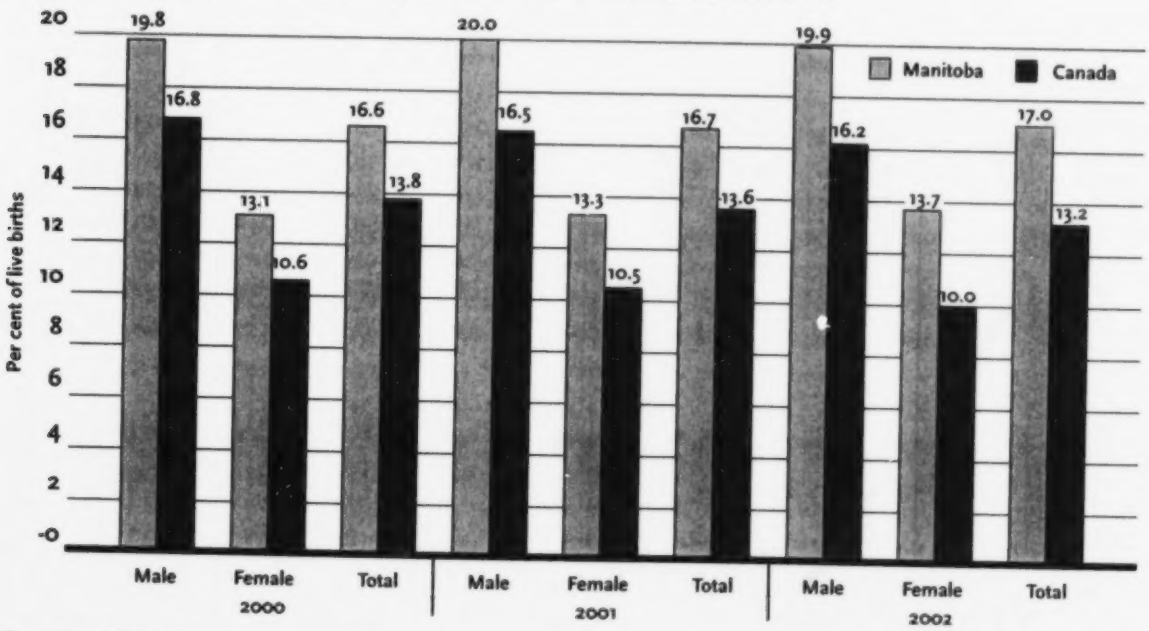
1 The proportion of children aged 0-1 years whose mother smoked during her pregnancy with the child.

Low Birthweight (2500g) in Manitoba and Canada: 2000 to 2002



Source: Canadian Vital Statistics - Birth Database

High Birthweight (greater than 4000g) in Manitoba and Canada: 2000 to 2002



Source: Canadian Vital Statistics - Birth Database

Immunization, 2000 to 2003

Manitoba does well in preventing diseases by immunizing its youngest children.

In 2002 and 2003, in Manitoba, there were:

- two new cases of Haemophilus Influenza b (Hib)[2]
- no new cases of measles
- no new cases of meningococcal disease

Reported Incidence for three Vaccine Preventable Diseases: Count and Rates[4] (per 100,000)

Jurisdiction	Disease[1]	1998		1999		2000		2001		2002		2003	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Manitoba	*Measles*	**0**	**0.0**	**1**	**1.1**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
	Meningoccocal Group C [3]	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**
	Hib[2]	**1**	**1.3**	**1**	**1.3**	**1**	**1.4**	**5**	**6.9**	**1**	**1.4**	**1**	**1.4**
Canada	*Measles*	6	0.3	11	0.5	80	3.7	7	0.3	1	0.0	6	0.3
	Meningoccocal Group C [3]	8	0.4	10	0.5	15	0.7	27	1.3	7	0.3	5	0.2
	Hib[2]	15	0.8	14	0.8	7	0.4	16	0.9	16	0.9	9	0.5

Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada

1 For Measles and Meningococcal Group C Disease, rates include children 0 to 5 years of age;
For Hib, rates include children 0 to 4 years of age; and
Data for Measles, Meningococcal Group C Disease and Hib for 2002 and 2003 are provisional and subject to change.

2 Hib : Haemophilus Influenzae type b disease (Hib data are based on confirmed cases reported through the NDSS (Notifiable Diseases Surveillance System)

3 Invasive meningococcal disease (IMD) serogroup C incidence rate

4 The rate is the number of new cases reported by year for children 5 years of age and younger, per 100,000 children in that age group.

Breastfeeding

Most mothers in Manitoba breastfeed their infants. In Manitoba during 2002/03:

- 87 per cent of children were breastfed by their mothers
- 33 per cent of mothers breastfed for 12 weeks or less
- 37 per cent of mothers breastfed for 3 to 6 months
- 30 per cent of mothers breastfed for seven months or longer

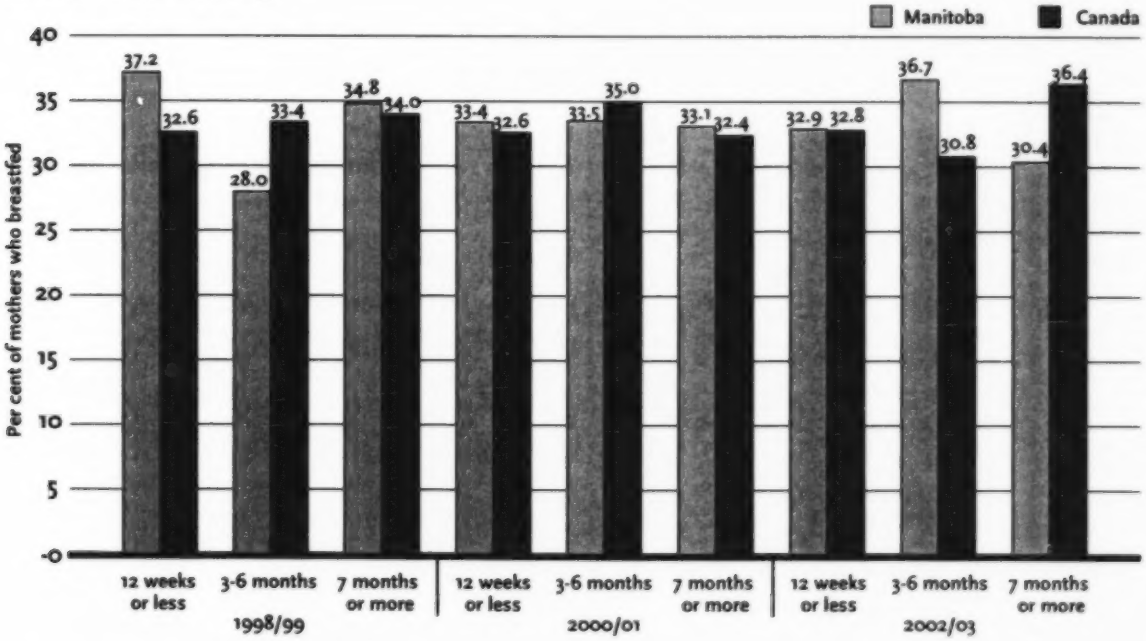
Prevalence of Breastfeeding[1] 1998/99, 2000/01 and 2002/03

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	**Yes**	**50,800**	**85.9**	**44,300**	**87.6**	**39,400**	**87.3**
	No	**8,300**	**14.1**	**6,200**	**12.2**	**5,700**	**12.7**
Canada	Yes	1,142,600	79.9	1,081,100	82.1	1,011,700	84.2
	No	286,900	20.1	236,300	17.9	189,300	15.8

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2), and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data for provinces only.

1 The proportion of children aged 0-3 years that are currently being or have ever been breastfed.

Duration of Breastfeeding[1]



Number of women breastfeeding[1]

	1998/99	2000/01	2002/03
Manitoba	**43,700**	**38,000**	**29,600**
Canada	983,600	879,500	781,900

Source: NLSCY, Cycle 3 (1998/99) Cylce 4 (2000/02) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.
1 The length of time children aged 0-3 years were breastfed. This does not include children currently being breastfed.

Early Childhood Injuries, 1999 to 2003

From 1999 to 2003, many of Manitoba's young children had to go to the hospital because of:

- motor vehicle accidents
- fires
- falls and other accidents
- being assaulted by others (and sometimes from physically harming themselves)

Some of these injuries were fatal.

Injury Hospitalization Rate per 100,000 children less than one year old[7]

		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003	
Jurisdiction	**Injury[1]**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**	**Count**	**Rate**
Manitoba	All external causes	76	524.0	60	418.8	49	341.4	43	309.1	59	429.6
	All external causes, unintentional[2]	58	399.9	49	342.0	41	285.7	38	273.1	50	364.1
	Selected, unintentional injuries:										
	· Falls[3]	20	137.9	24	167.5	15	104.5	21	150.9	22	160.2
	· Suffocation	6	41.4	**	**	6	41.8	**	**	7	51.0
	· Poisoning	**	**	**	**	**	**	**	**	**	**
	· Contact with hot object/substance	**	**	8	55.8	7	48.8	**	**	6	43.7
	· Struck by/against an object, person or animal	**	**	**	**	**	**	**	**	**	**
	· Natural/environmental	**	**	**	**	**	**	**	**	**	**
	Assault[4]	16	110.3	7	48.9	7	48.8	**	**	8	58.2

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Jurisdiction	Injury*†	1998-1999		1999-2000		2000-2001		2001-2002		2002-2003[5]	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Canada[6]	All external causes	1,773	513.6	1,624	479.5	1,465	436.8	1,495	447.5	1,472	448.6
	All external causes, unintentional[2]	1,515	438.9	1,430	422.2	1,298	387.0	1,280	383.1	1,268	386.4
	Selected, unintentional injuries:										
	· Falls[3]	738	213.8	702	207.3	658	196.2	658	197.0	643	195.9
	· Suffocation	165	47.8	146	43.1	110	32.8	105	31.4	95	28.9
	· Poisoning	110	31.9	98	28.9	68	20.3	90	26.9	106	32.3
	· Contact with hot object/substance	86	24.9	81	23.9	91	27.1	77	23.0	90	27.4
	· Struck by/against an object, person or animal	53	15.4	53	15.6	49	14.6	49	14.7	38	11.6
	· Natural/environmental	30	8.7	21	6.2	28	8.3	22	6.6	26	7.9
	Assault[4]	242	70.1	179	52.8	157	46.8	201	60.2	179	54.5

† Injuries are classified according to their external causes. The groups selected were those that occurred most frequently in each age group, over the period from 2000-2001 to 2002-2003.

1 Excluding adverse effects.

2 Unintentional injuries = accident: An unforeseen incident, where the intent to cause harm, injury or death was absent, but which resulted in injury.

3 Excluding fracture cause unspecified.

4 All assault external causes of injury.

5 Data for Nunavut were not available for 2002-2003. This results in lower estimates for Canada for that year.

6 Canada does not include data for Nunavut for 2002-2003 - Nunavut did not report injury hospitalization data for that year.

7 The proportion of children less than one year of age who are hospitalized for treatment of injuries.

Source: Canadian Institute for Health Information (CIHI) Hospital Morbidity Database.

- *Province/territory of hospitalization used;*
- *Figures based on the number of patients (0-4 years) who were admitted to an acute-care facility (minimum overnight stay) in Canada and subsequently discharged (alive or dead) from that facility;*
- *Out-patient and Emergency Department visits are excluded;*
- *Causes of injury are based on the first reported external cause of injury code;*
- *Newborns are excluded;*
- *The year represents the fiscal year of hospital separation (including discharges and deaths); and*
- *Population denominators are less than 1 year of age, and between 1 and 4 years of age, respectively, by fiscal year midpoint (October 1) and are specific to gender, province and fiscal year.*

** *Indicates suppressed value - all values less than 6, including zeros, were suppressed in accordance with the Public Health Agency of Canada's agreement with CIHI.*

Injury Hospitalization Rate per 100,000 children one to four years old[7]

Jurisdiction	Injury[1]	1998-1999		1999-2000		2000-2001		2001-2002		2002-2003[5]	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Manitoba	All external causes	**387**	**616.0**	**269**	**439.0**	**284**	**474.2**	**234**	**398.5**	**238**	**413.0**
	All external causes, unintentional[2]	**367**	**584.2**	**266**	**434.2**	**274**	**457.5**	**227**	**386.6**	**233**	**404.3**
	Selected, unintentional injuries:										
	· Falls[3]	**113**	**179.9**	**82**	**133.8**	**98**	**163.6**	**86**	**146.5**	**72**	**124.9**
	· Poisoning	**67**	**106.6**	**43**	**70.2**	**33**	**55.1**	**28**	**47.7**	**32**	**55.5**
	· Natural/environmental	**19**	**30.2**	**13**	**21.2**	**17**	**28.4**	**10**	**17.0**	**12**	**20.8**
	· Struck by/against an object, person or animal	**22**	**35.0**	**11**	**18.0**	**18**	**30.1**	**10**	**17.0**	**13**	**22.6**
	· Contact with hot object/substance	**36**	**57.3**	**21**	**34.3**	**23**	**38.4**	**14**	**23.8**	**25**	**43.4**
	· Suffocation	**8**	**12.7**	**6**	**9.8**	**9**	**15.0**	**10**	**17.0**	**8**	**13.9**
	Assault[4]	**14**	**22.3**	**	**	**10**	**16.7**	**	**	**	**
Canada[6]	All external causes	7,261	478.2	6,840	461.8	6,396	442.3	5,708	401.4	5,503	393.6
	All external causes, unintentional[2]	7,065	465.3	6,651	449.1	6,248	432.0	5,561	391.0	5,362	383.5
	Selected, unintentional injuries:										
	· Falls[3]	2,755	181.5	2,634	177.8	2,423	167.5	2,293	161.2	2,152	153.9
	· Poisoning	1,276	84.0	1,108	74.8	1,109	76.7	932	65.5	885	63.3
	· Natural/environmental	371	24.4	336	22.7	361	25.0	275	19.3	241	17.2
	· Struck by/against an object, person or animal	361	23.8	284	19.2	299	20.7	257	18.1	280	20.0
	· Contact with hot object/substance	353	23.3	346	23.4	304	21.0	249	17.5	320	22.9
	· Suffocation	193	12.7	202	13.6	187	12.9	176	12.4	142	10.2
	Assault[4]	150	9.9	140	9.5	126	8.7	111	7.8	98	7.0

† Injuries are classified according to their external causes. The groups selected were those that occurred most frequently in each age group, over the period from 2000-2001 to 2002-2003.

1 Excluding adverse effects.

2 Unintentional injuries = accident: An unforeseen incident, where the intent to cause harm, injury or death was absent, but which resulted in injury.

3 Excluding fracture cause unspecified.

4 All assault external causes of injury.

5 Data for Nunavut were not available for 2002-2003. This results in lower estimates for Canada for that year.

6 Canada does not include data for Nunavut for 2002-2003 - Nunavut did not report injury hospitalization data for that year.

7 The proportion of children one to four years of age who are hospitalized for treatment of injuries.

Source: Canadian Institute for Health Information (CIHI) Hospital Morbidity Database:

- *Province/territory of hospitalization used;*
- *Figures based on the number of patients (0-4 years) who were admitted to an acute-care facility (minimum overnight stay) in Canada and subsequently discharged (alive or dead) from that facility;*
- *Out-patient and Emergency Department visits are excluded;*
- *Causes of injury are based on the first reported external cause of injury code;*
- *Newborns are excluded;*
- *The year represents the fiscal year of hospital separation (including discharges and deaths); and*
- *Population denominators are less than 1 year of age, and between 1 and 4 years of age, respectively, by fiscal year midpoint (October 1) and are specific to gender, province and fiscal year.*

** *Indicates suppressed value - all values less than 6, including zeros, were suppressed in accordance with the Public Health Agency of Canada's agreement with CIHI.*

Note: Injury Mortality information was not available for this report.

Early Development Outcomes, 1998/99, 2000/01 and 2002/03

The National Longitudinal Survey of Children and Youth indicates that in 2002/03, the majority of Manitoba's 80,000 young children under age six (from 79 per cent to 93 per cent) were doing well in motor and social development, language development, and other social, emotional and behavioural outcomes during the first five years of life. These rates were similar to children across Canada.

However, it is important that we do not forget the Manitoba children who were vulnerable in 2002/03. Children were struggling in each of these areas of early development:

- 13 per cent (6,700 children up to three years of age) with delayed motor and social development
- 13 per cent (6,600 children up to three years of age) with low levels of personal-social behaviour
- 17 per cent (8,800 children ages two to five years) with emotional and anxiety problems
- 7 per cent (3,400 children ages two to five years) with hyperactivity and attention problems
- 17 per cent (8,600 children ages two to five years) with physical aggression and conduct problems
- 15 per cent (3,600 children ages four to five years) with delayed language development
- 15 per cent (3,600 children ages four to five years) with delayed copying and writing skills (in 2000/01)
- 21 per cent (4,900 children ages four to five years) with delayed number knowledge

Many of these children have multiple behaviour or learning problems and could have benefited from early support for learning and development. Vulnerable children can be found in every community and every kind of family in Manitoba and Canada.

Motor and Social Development (MSD)[1]

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Delayed MSD	**8,300**	**14.6**	**6,200**	**13.7**	**6,700**	**13.4**
	Average MSD	**40,000**	**70.4**	**34,100**	**75.2**	**36,600**	**73.9**
	Advanced MSD	**8,500**	**15.0**	**5,000**	**11.1**	**6,300**	**12.7**
Canada	Delayed MSD	192,500	13.9	138,600	11.8	177,800	13.6
	Average MSD	980,800	71.1	875,700	74.8	958,600	73.2
	Advanced MSD	206,700	15.0	156,200	13.3	173,400	13.2

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

1 The proportion of children aged 0-3 years who have delayed, average and advanced levels of motor and social development. A standardized score was used for comparisons between age groups.

Prosocial Behaviour, 1998/99

Jurisdiction	Category	Count	Per cent
Manitoba	Not Low Prosocial Behaviour	**48,800**	**88.1**
	Low Prosocial Behaviour	**6,600**	**11.9**
Canada	Not Low Prosocial Behaviour	1,241,000	89.8
	Low Prosocial Behaviour	140,200	10.2

Source: NLSCY, Cycle 3 (1998/99), Master File, Child Questionnaire; data presented is weighted; data based on provinces only.

Starting with the 2000/01 National Longitudinal Survey of Children and Youth, information defined as "prosocial behaviour" is no longer collected. A new instrument, the Ages and Stages Questionnaire (ASQ), was used to determine the "personal-social" elements of the child's behaviour. The "personal-social" information replaces the prosocial behaviour reported previously.

Personal-Social Behaviour (based on Ages and Stages), 2000/01 and 2002/03

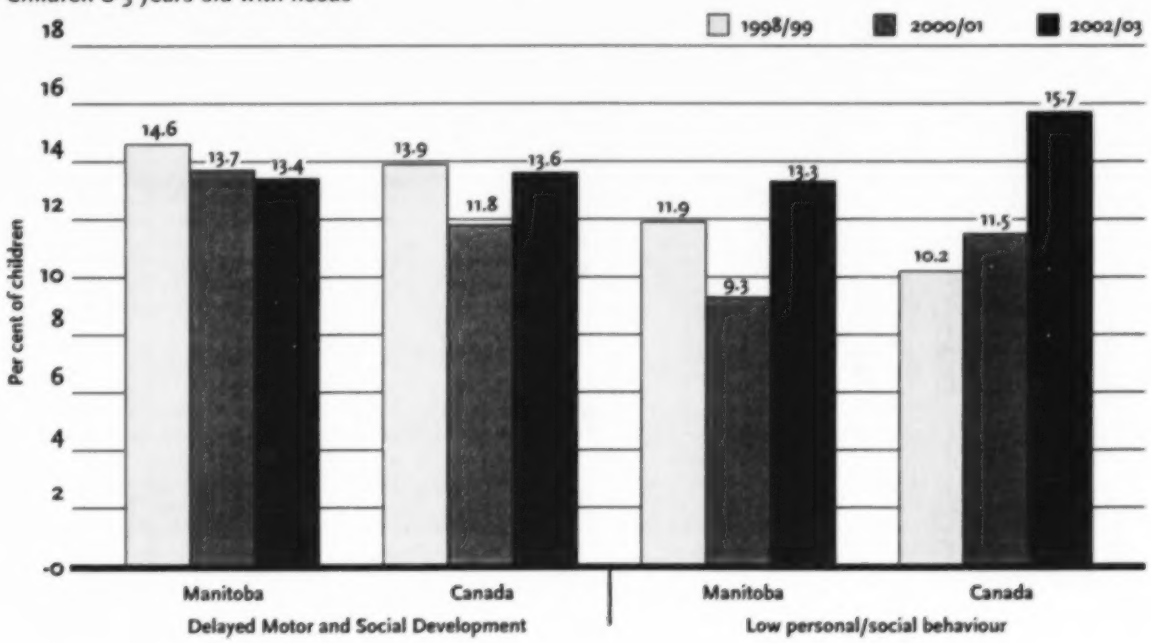
Jurisdiction	Category	2000/01		2002/03	
		Count	Per cent	Count	Per cent
Manitoba	Personal Score above cut-off	**31,200**	**90.7**	**43,000**	**86.7**
	Personal Score below cut-off[1]	**3,200***	**9.3***	**6,600**	**13.3**
Canada	Personal Score above cut-off	633,600	88.5	1,105,400	84.3
	Personal Score below cut-off[1]	82,100	11.5	206,100	15.7

Source: NLSCY, Cycle 4 (2000/01, v2) and Cycle 5 (2002/03), Master Files, Child Questionnaire; data presented is weighted; data based on provinces only

1 The proportion of children aged 0-3 years who do not exhibit age appropriate personal-social behaviours.

** "Marginal" data quality, while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.*

Children 0-3 years old with needs



Emotional/Anxiety Problems[1] for children 2-5 years old

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Not High Emotional Problems	**50,000**	**83.3**	**47,700**	**87.0**	**42,600**	**82.8**
	High Emotional Problems	**10,000**	**16.7**	**7,100**	**13.0**	**8,800**	**17.2**
Canada	Not High Emotional Problems	1,288,400	86.2	1,217,300	86.5	1,133,900	83.3
	High Emotional Problems	207,000	13.8	190,200	13.5	227,600	16.7

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

1 The proportion of children aged 2-5 years who exhibit high levels of emotional and/or anxiety problems.

Hyperactivity-Inattention[1] Problems for children 2-5 years old

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Not High Hyperactivity	**51,700**	**85.9**	**51,400**	**93.7**	**47,600**	**93.3**
	High Hyperactivity	**8,500**	**14.1**	**3,400**	**6.3**	**3,400***	**6.7***
Canada	Not High Hyperactivity	1,309,900	87.8	1,318,300	94.0	1,279,100	94.5
	High Hyperactivity	182,000	12.2	85,000	6.1	74,400	5.5

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

1 The proportion of children aged 2-5 years who exhibit high levels of hyperactivity and/or inattention.

** "Marginal" data quality; while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.*

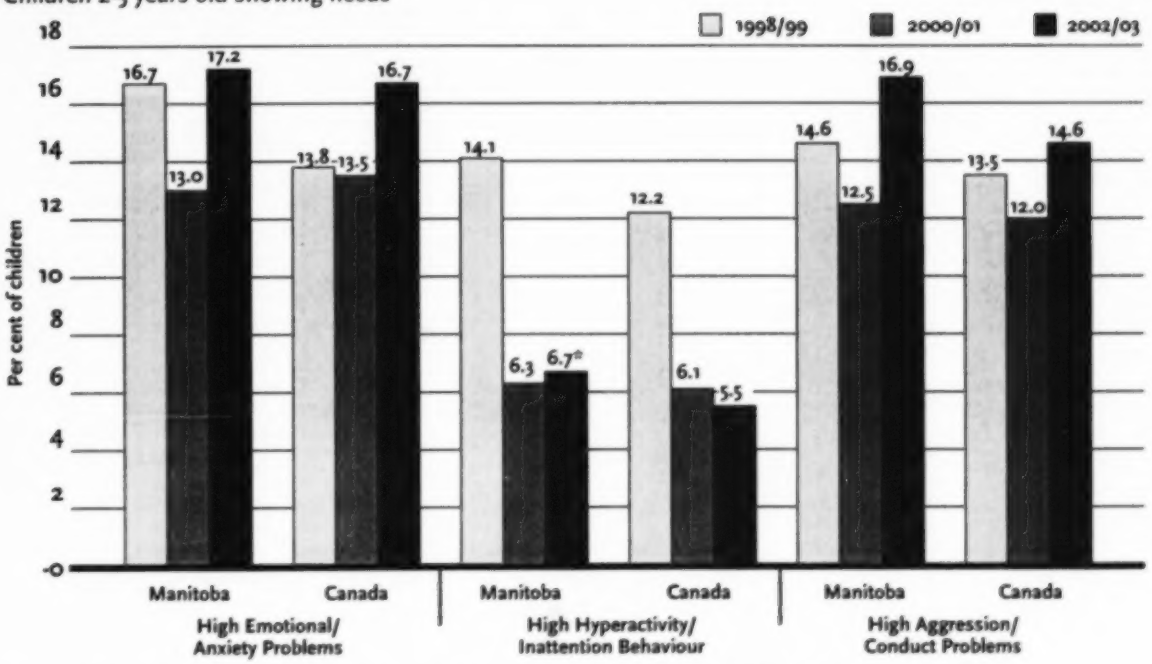
Physical Aggression/Conduct Problems[1] for children 2-5 years old

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Not High Aggression	**51,400**	**85.4**	**48,000**	**87.5**	**42,400**	**83.1**
	High Aggression	**8,800**	**14.6**	**6,800**	**12.5**	**8,600**	**16.9**
Canada	Not High Aggression	1,290,700	86.5	1,234,400	88.0	1,158,900	85.4
	High Aggression	201,400	13.5	168,900	12.0	198,000	14.6

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

1 The proportion of children aged 2-5 years who exhibit high levels of physical aggression, opposition and/or conduct disorder.

Children 2-5 years old showing needs



* "Marginal" data quality; while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

Language Development:

Peabody Picture and Vocabulary Test - Revised (PPVT-R)[1] for children 4-5 years old

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Delayed PPVT-R	5,100	21.4	2,900*	11.2*	3,600	15.2
	Average PPVT-R	15,700	65.5	20,000	77.2	16,000	68.5
	Advanced PPVT-R	3,100*	13.1*	3,000*	11.5*	3,800	16.3
Canada	Delayed PPVT-R	101,300	15.9	92,900	14.5	81,900	13.1
	Average PPVT-R	450,700	70.8	443,000	69.1	435,900	69.6
	Advanced PPVT-R	84,900	13.3	105,300	16.4	108,600	17.3

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire, data presented is weighted, data based on provinces only.

1 The proportion of children aged 4-5 years who have delayed, average and advanced levels of receptive or hearing vocabulary. Data based on standardized score for PPVT-R.

* "Marginal" data quality; while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.

Who Am I? Copying and Writing Skills[1] for children 4-5 years old

Jurisdiction	Category	2000/01		2002/03	
		Count	Per cent	Count	Per cent
Manitoba	Delayed *Who Am I*	**3,600**	**15.1**	**	**
	Average *Who Am I*	**17,400**	**73.1**	**	**
	Advanced *Who Am I*	**2,800***	**11.8***	**	**
Canada	Delayed *Who Am I*	84,000	15.2	83,800	14.3
	Average *Who Am I*	412,500	74.6	437,500	74.5
	Advanced *Who Am I*	56,400	10.2	65,900	11.2

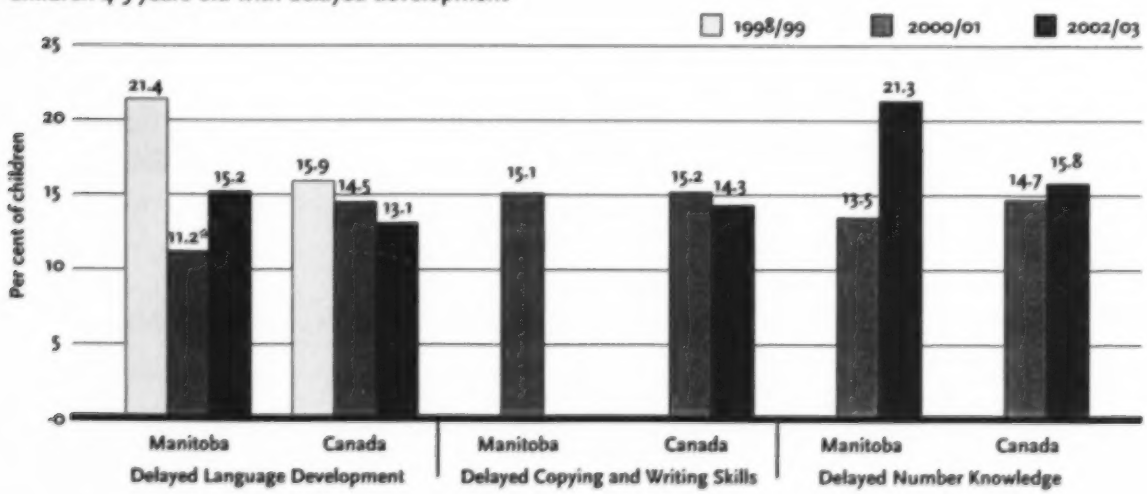
Source: NLSCY, Cycle 4 (2000/01, v2) and Cycle 5 (2002/03), Master Files, Parents Questionnaire; data presented is weighted; data based on provinces only
1 The proportion of children aged 4-5 years who display delayed, average and advanced levels of copying skills and writing tasks. Results are based on the standardized score for Who Am I?
** "Marginal" data quality, while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.*
*** "Unacceptable data quality"; data has been suppressed.*

Number Knowledge[1] for children 4-5 years old

Jurisdiction	Category	2000/01		2002/03	
		Count	Per cent	Count	Per cent
Manitoba	Delayed Number Knowledge	**3,500**	**13.5**	**4,900**	**21.3**
	Average Number Knowledge	**18,900**	**73.0**	**15,500**	**67.4**
	Advanced Number Knowledge	**3,500**	**13.5**	**2,600**	**11.3**
Canada	Delayed Number Knowledge	95,100	14.7	98,400	15.8
	Average Number Knowledge	458,700	71.0	453,700	72.7
	Advanced Number Knowledge	92,600	14.3	72,400	11.6

Source: NLSCY, Cycle 4 (2000/01, v2) and Cycle 5 (2002/03), Master Files, Parents Questionnaire; data presented is weighted; data based on provinces only
1 The Number Knowledge Test measures children's intuitive knowledge of numbers by assessing their understanding of the system of whole numbers. Results are based on a standardized score for Number Knowledge for children ages 4-5.

Children 4-5 years old with delayed development



** "Marginal" data quality, while this estimate meets Statistics Canada's quality standards, there is a high level of error associated with it.*

Family Characteristics, 1998/99, 2000/01 and 2002/03

Parenting, parents' well-being and family socio-economics play important roles in children's well-being. Most children live in supportive, functioning families with positive parental interaction. Most parents read to their children every day. A significant number of families (12 per cent) had at least one parent who suffers from symptoms of depression. In 2002/03:

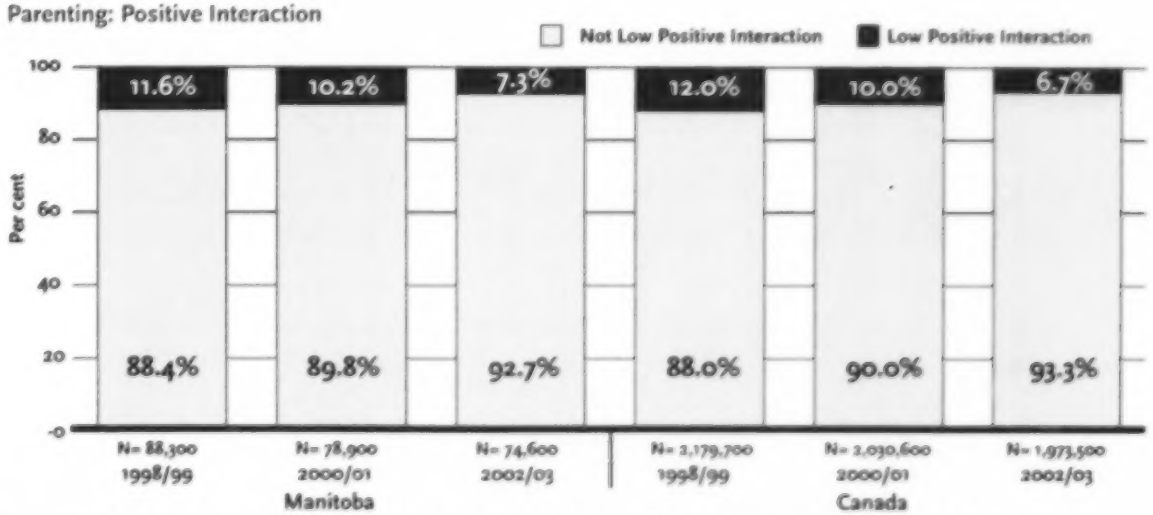
- 10 per cent (7,200 children) were living in a family with significant problems (ex: family members are not supportive or involved)
- 93 per cent (69,200 children) lived in families with positive parental interaction
- 73 per cent (56,100 children) of parents read to their children many times a day
- 12.8 per cent of mothers and 14.5 per cent of fathers had less than secondary school education, while 44 per cent of mothers and 46 per cent of fathers had a degree
- in 2003, 21 per cent (16,000 families) of Manitoba families with young children were living in poverty (based on the low income cut-off after taxes)

Family Functioning

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Not High Family Dysfunction	**78,000**	**88.3**	**68,300**	**89.1**	**63,300**	**89.8**
	High Family Dysfunction	**10,400**	**11.7**	**8,300**	**10.9**	**7,200**	**10.2**
Canada	Not High Family Dysfunction	1,915,600	89.1	1,761,500	88.6	1,668,600	90.2
	High Family Dysfunction	235,000	10.9	227,200	11.4	181,400	9.8

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire, data presented is weighted, data based on provinces only.

Parenting: Positive Interaction



Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

How often Adult Reads to Child or Listens to Child Read

Jurisdiction	Category	1998/99†		2000/01††		2002/03††	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	A few times a week or less	**14,100**	**24.0**	**7,000**	**9.1**	**5,800**	**7.5**
	Daily	**38,000**	**64.8**	**16,600**	**21.4**	**15,000**	**19.5**
	Many times each day	**6,600**	**11.3**	**53,900**	**69.5**	**56,100**	**73.0**
Canada	A few times a week or less	437,900	30.3	217,700	11.0	202,800	10.1
	Daily	841,600	58.2	467,900	23.6	456,700	22.7
	Many times each day	165,600	11.5	1,296,800	65.4	1,354,600	67.3

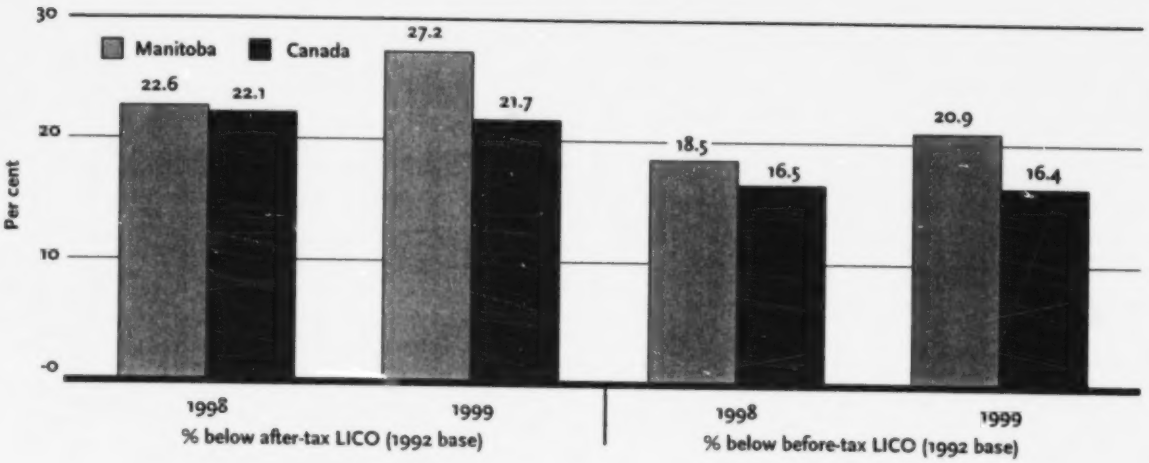
† *Data for 1998/99 is for children ages 2-5.*
†† *Data for 2000/01 and 2002/03 is for children ages 0-5.*
Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire, data presented is weighted; data based on provinces only.

Parental Depression

Jurisdiction	Category	1998/99		2000/01		2002/03	
		Count	Per cent	Count	Per cent	Count	Per cent
Manitoba	Not High Depressive Symptoms	**76,500**	**86.7**	**65,300**	**88.9**	**61,300**	**87.7**
	High Depressive Symptoms	**11,700**	**13.3**	**8,200**	**11.1**	**8,600**	**12.3**
Canada	Not High Depressive Symptoms	1,911,400	88.8	1,725,400	89.4	1,617,100	90.7
	High Depressive Symptoms	240,700	11.2	204,000	10.6	166,500	9.3

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire, data presented is weighted; data based on provinces only.

Low Income Rates for Families with Children under six years old*

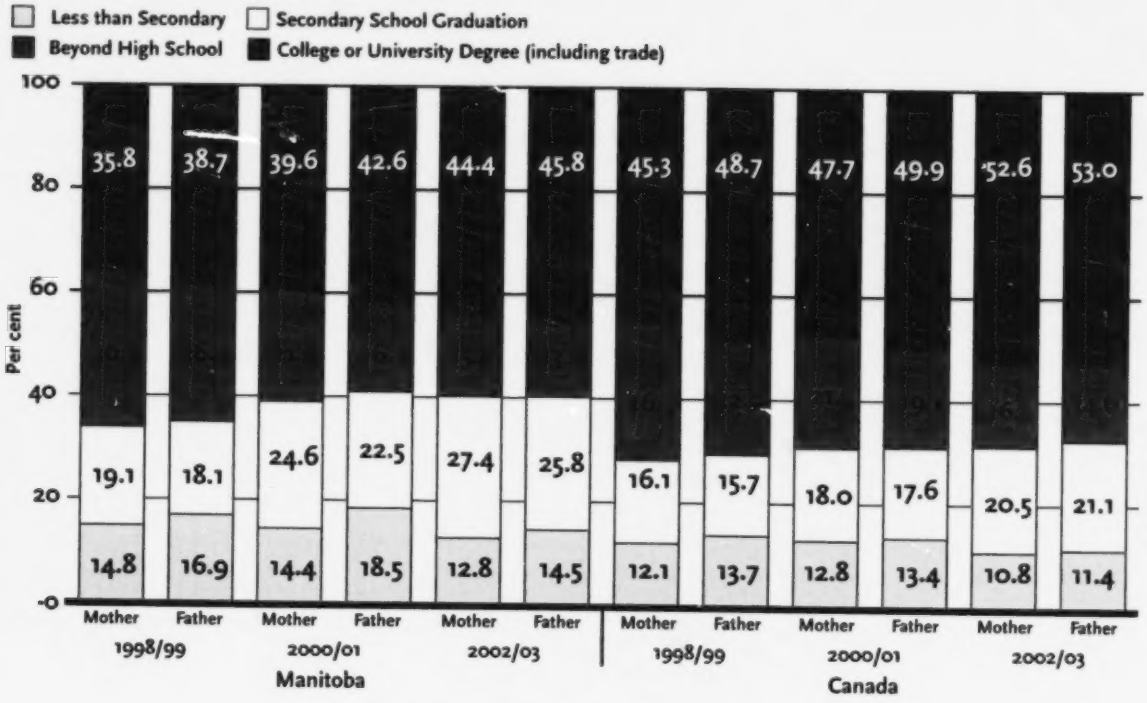


Populations for Low Income chart

		Below before tax LICO (1992 base)	Below after tax LICO (1992 base)
Manitoba	1998	**19,000**	**16,000**
	1999	**23,000**	**17,000**
Canada	1998	479,000	359,000
	1999	464,000	351,000

Source: Survey of Labour and Income Dynamics: Reference years 1998-2001; data based on provinces only.
Note: Population level Families with children 0 to 5 years of age (included).
**Numbers have been revised and are available only for 1998 and 1999.*

Parental Education – Highest Level Attained



Population Counts for Parental Education Chart		1998/99		2000/01		2002/03	
		Mother	Father	Mother	Father	Mother	Father
Manitoba	Less than Secondary	**13,300**	**13,200**	**11,200**	**12,500**	**9,600**	**9,300**
	Secondary School Graduation	**17,200**	**14,100**	**19,200**	**15,100**	**20,600**	**16,500**
	Beyond High School	**27,200**	**20,600**	**16,700**	**11,000**	**11,600**	**8,900**
	College or University Degree (including trade)	**32,200**	**30,300**	**30,900**	**28,700**	**33,500**	**29,400**
Canada	Less than Secondary	264,500	256,000	256,800	231,000	208,900	193,700
	Secondary School Graduation	351,900	293,600	362,700	304,400	397,000	359,400
	Beyond High School	577,500	412,700	432,100	330,800	313,200	248,500
	College or University Degree (including trade)	989,000	912,500	961,100	862,400	1,021,000	903,100

Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

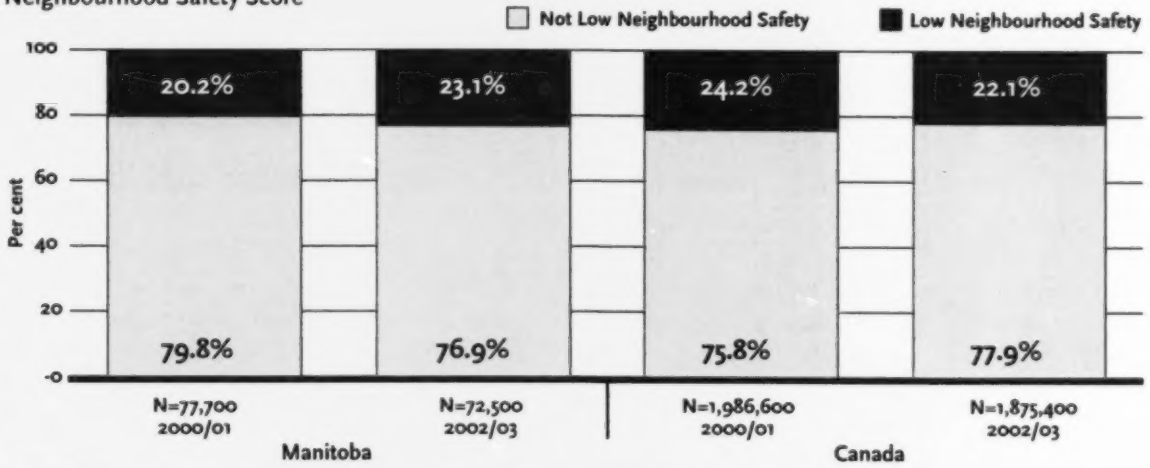
Neighbourhood Characteristics, 1998/99, 2000/01 and 2002/03

Neighbourhood safety and cohesiveness was good for most families with young children. However, some families live in unsafe neighbourhoods and/or neighbourhoods with low cohesiveness.

In 2002/03:

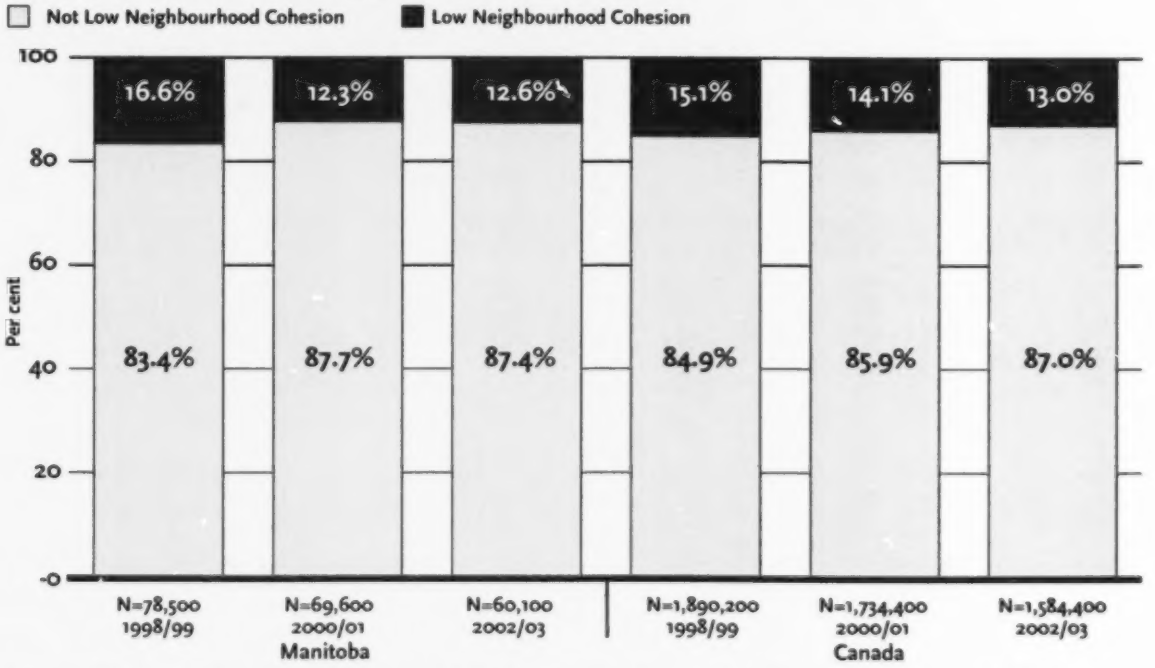
- 23 per cent of Manitoban families lived in unsafe neighbourhoods, an increase of 3 per cent from 2000/01
- Nearly 13 per cent of Manitoban families with young children lived in neighbourhoods with low cohesion (neighbours are not helpful) in 2002/03, which is nearly the same as 2000/01.

Neighbourhood Safety Score



Source: NLSCY, Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

Neighbourhood Cohesiveness Score



Source: NLSCY, Cycle 3 (1998/99), Cycle 4 (2000/01, v2) and Cycle 5 (2002/03) Master Files, Child Questionnaire; data presented is weighted; data based on provinces only.

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The Government of Manitoba welcomes your comments and questions about this report, and we encourage you to write, phone or e-mail us at Healthy Child Manitoba.

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